

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90002 006 \*\*\*150.00

**DOCUMENT # P01000010058**

1. Entity Name

BONITA DENTAL LAB, INC.



Principal Place of Business

10915 BONITA BCH RD  
SUITE 1152  
BONITA SPRINGS FL 34135

Mailing Address

10915 BONITA BCH RD  
SUITE 1152  
BONITA SPRINGS FL 34135



2. Principal Place of Business

10915 Bonita Bch Rd

Suite, Apt. #, etc.

Suite 1141

City & State

Bonita Springs

Zip

34135

Country

USA

3. Mailing Address

10915 Bonita Bch Rd

Suite, Apt. #, etc.

Suite 1141

City & State

Bonita Springs

Zip

34135

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3691730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHYNOWETH, DAVID  
10915 BONITA BEACH ROAD STE 1152  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CHYNOWETH, DAVID  
STREET ADDRESS 4570 26TH AVE SW  
CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ Delete  
NAME DRISCOLL, JULIE  
STREET ADDRESS PO BOX 3190  
CITY-ST-ZIP BONITA SPRINGS FL 34133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David L. Chynoweth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-05 (239) 495-3368  
Date Daytime Phone #