2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# P01000059220

Entity Name: DENT FREE, INC.

Current Principal Place of Business:

1690 WILD FLOWER FIELDS TR
ORANGE PARK, FL 32003

New Principal Place of Business:

2062 ST. JOHN'S BLUFF ROAD
JACKSONVILLE, FL 32246

Current Mailing Address:

1690 WILD FLOWER FIELDS TR
ORANGE PARK, FL 32003

New Mailing Address:

POST OFFICE BOX 8578
FLEMING ISLAND, FL 32006

FEI Number: 59-3722852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COUSSENS, W. DANE
1690 WILD FLOWER FIELDS TR
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

COUSSENS, W. DANE
2062 ST. JOHN'S BLUFF ROAD
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: 07/08/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COUSSENS, W. DANE
Address: 1690 WILD FLOWER FIELDS TR
City-St-Zip: ORANGE PARK, FL 32003

Title: V ( ) Delete
Name: WEATHERHOLTZ, JOEL M
Address: 1719 CHATHAM VILLAGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM DANE COUSSENS PRES 07/08/2008
Electronic Signature of Signing Officer or Director — Date