

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016994

Entity Name: MOODY DENTAL LAB, INC.

FILED
Jul 18, 2005
Secretary of State

Current Principal Place of Business:

2197 A1A S.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

2197 A1A S.
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 01-0592040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMEAU, BRENT
207 MARSHSIDE DRIVE
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMEAU, BRENT
Address: 207 MERSHSIDE DRVIE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: V () Delete
Name: MOODY, DON
Address: P.O. BOX 782
City-St-Zip: ST. AUGUSTINE, FL 32085

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 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 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: BRENT COMEAU

P

07/18/2005

Electronic Signature of Signing Officer or Director

Date