

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000063295**

1. Entity Name  
**SEAN TUCKER DENTAL LAB, INC.**



Principal Place of Business  
**530 N. MAIN STREET  
HIGH SPRINGS, FL 32655 US**

Mailing Address  
**P.O. BOX 1160  
HIGH SPRINGS, FL 32655 US**

**DO NOT WRITE IN THIS SPACE**



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**02-0608947**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TUCKER, SEAN  
17404 NW 251 LN  
ALACHUA, FL 32615**

**DO NOT WRITE  
IN THIS SPACE**

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 Seam

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000068088  
02/27/04-80028-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVTS  
TUCKER, SEAN  
17404 NW 251 LN  
ALACHUA, FL 32615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCM  
TUCKER, SEAN  
17404 NW 251 LN  
ALACHUA, FL 32615**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Seam Tucker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-04**

Date

**(352) 214-1836**

Daytime Phone