2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000063295

1. Entity Name
SEAN TUCKER DENTAL LAB, INC.

Principal Place of Business	Mailing Address
530 N. MAIN STREET	P.O. BOX 1160
HIGH SPRINGS, FL 32655 US	HIGH SPRINGS, FL 32655 US

DO NOT WRITE IN THIS SPACE

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
02-0608947	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

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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**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000182859 01/19/05-80044-013 150.00

10.   OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____/Sean Tucker /President 1-15-05 (386)454-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #