2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000080190

1. Entity Name
SPRING DENTAL LABS, INC.

Principal Place of Business	Mailing Address
2781 W. OLD HWY 441 MT DORA, FL 32757	2781 W. OLD HWY 441 MT DORA, FL 32757

DO NOT WRITE IN THIS SPACE

01192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
02-0636615	Not Applicable

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

6. Name and Address of Current Registered Agent

SPRING, GEORGE
40 S DEWEY STREET
2
EUSTIS, FL 32726

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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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000131392
04/26/04-80152-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SPRING, GEORGE
STREET ADDRESS	2781 W. OLD US HWY 441
CITY-ST-ZIP	MOUNT DORA, FL 32757

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _George C Spring Jr_   2-17-04   352-735-1675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #