

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000095114

Entity Name: DENTS OBSOLETE, INC.

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1144 SUMMERLAKES DR  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

1144 SUMMERLAKES DR  
ORLANDO, FL 32835 US

**New Mailing Address:**

FEI Number: 56-2292240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, BRAD  
1144 SUMMERLAKES DR  
ORLANDO, FL 32835 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOHNSON, BRAD  
Address: 1144 SUMMERLAKES DR  
City-St-Zip: ORLANDO, FL 32835 US

I hereby 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 all other like empowered.

SIGNATURE: BRAD J JOHNSON

MR

03/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date