

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90096 007 ***158.75

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1. Entity Name
LUDEMANN DENTAL LAB INC.



Principal Place of Business
**407 CENTERPOINTE CIRCLE., SUITE 1663
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**407 CENTERPOINTE CIRCLE., SUITE 1663
ALTAMONTE SPRINGS, FL 32701**



02062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1165289

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LUDEMAN, LOIDA N
407 CENTER POINTE CR STE 1663
ALTAMONTE SPRINGS, FL 32701**

**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

Loida N. Ludemann

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/05

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUDEMAN, HENRY
STREET ADDRESS	254 RONALD REAGAN BLVD, STE 138
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	V
NAME	LUDEMAN, LOIDA N
STREET ADDRESS	254 RONALD REAGAN BLVD, STE 138
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	P/ LUDEMANN, HENRY
NAME	
STREET ADDRESS	407 CENTER POINTE CR STE 1663
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	VP LUDEMANN, LOIDA
NAME	
STREET ADDRESS	407 CENTER POINTE CR STE 1663
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
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)(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:

Loida N. Ludemann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2005.

Date

Daytime Phone #

(407) 830-4573