

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90389 013 ***150.00

DOCUMENT # P02000134189

1. Entity Name

DENTAL EQUIPMENT REPAIR SERVICES, INC.



Principal Place of Business

**12322 MUSTARD ST
ORLANDO FL 32837-7528**

Mailing Address

**12322 MUSTARD ST
ORLANDO FL 32837-7528**

2. Principal Place of Business

12322 Mustard Street
Suite, Apt. #, etc.

3. Mailing Address

12322 Mustard Street
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

55-0810363

Applied For

Not Applicable

Zip

32837-7528

Country

USA

Zip

32837-7528

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSBY, ALLEN S
12322 MUSTARD ST
ORLANDO FL 32837-7528**

7. Name and Address of New Registered Agent

Name
Allen S. Mosby

Street Address (P.O. Box Number is Not Acceptable)

12322 Mustard Street
City
Orlando

FL

Zip Code

32837-7528

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D MOSBY, AHHEN S
12322 MUSTARD ST
ORLANDO FL 32837-7528** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Allen ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Allen S. Mosby ALLEN S. MOSBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16TH 04
Date

407-484-5204
Daytime Phone #