

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000055550

Entity Name: AXE-A-DENT, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12738 PINEY WOODS WAY  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

12738 PINEY WOODS WAY  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 71-0947555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GILMORE, BRIAN  
12738 PINEY WOODS WAY  
CLERMONT, FL 34711 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: DPT  
Name: GILMORE, BRIAN  
Address: 12738 PINEY WOODS WAY  
City-St-Zip: CLERMONT, FL 34711

Title: DVS  
Name: GORGA, THOMAS  
Address: 7720 RENWOOD CT  
City-St-Zip: ORLANDO, FL 32818

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: BRIAN GILMORE

OWN

04/26/2012

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

\_\_\_\_\_  
Date