


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90208 022 ***150.00

DOCUMENT # P03000061418 1. Entity Name PROFESSIONAL DENTAL PROSTHETICS, INC.					
Principal Place of Business 1925 HOLDER RD TITUSVILLE, FL 32796			Mailing Address 1925 HOLDER RD TITUSVILLE, FL 32796		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 37-1470021	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACCURATE ACCOUNTING OF TITUSVILLE INC 3910 S WASHINGTON AVE 101N TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name Sherryl Emmons Street Address (P.O. Box Number is Not Acceptable) 1925 Holder Rd City Titusville FL Zip Code 32796		
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 <i>[Signature]</i> DATE 4-25-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE-Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMONS, SHERRYL 1925 HOLDER RD TITUSVILLE, FL 32796	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMONS, WILLIAM 1925 HOLDER RD TITUSVILLE, FL 32796	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WORST, RYAN G 1925 HOLDER RD TITUSVILLE, FL 32796	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> DATE 4-25-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60033400



04062008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

FL Zip Code 32796

DATE 4-25-08

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ Delete

D EMMONS, WILLIAM 1925 HOLDER RD TITUSVILLE, FL 32796

☐ Delete

VP WORST, RYAN G 1925 HOLDER RD TITUSVILLE, FL 32796

☐ Delete

(Empty)

☐ Delete

(Empty)

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

(Empty)

☐ Change ☐ Addition

(Empty)

☐ Change ☐ Addition

(Empty)

☐ Change ☐ Addition

(Empty)

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SIGNATURE: *[Signature]* DATE **4-25-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR