# 2005 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P03000095554**

1. Entity Name
ARMSTRONG DENT CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 831 MAZURKA DR. | 831 MAZURKA DR. |
| CHULUOTA, FL 32766 | CHULUOTA, FL 32766 |

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01212005    No Chg-P    CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 33-1072751 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

MEAD, MICHAEL
831 MAZURKA DR.
CHULUOTA, FL 32766

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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, 2005 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | U00000209228 02/02/05-80030-001  150.00 |
|---|---|---|---|

10.                    OFFICERS AND DIRECTORS

| TITLE | D |
|---|---|
| NAME | MEAD, MICHAEL |
| STREET ADDRESS | 831 MAZURKA DR. |
| CITY-ST-ZIP | CHULUOTA, FL 32766 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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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:** *Michael L Mead*    MICHAEL L MEAD    1-24-05    407-716-3864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #