2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# P04000015959

Entity Name: SHOWCASE DENTAL LABORATORY, INC

Current Principal Place of Business:

4120 TAMIAMI TRAIL SUITE B
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

4120 TAMIAMI TRAIL SUITE D1
PORT CHARLOTTE, FL 33952

Current Mailing Address:

4120 TAMIAMI TRAIL SUITE B
PORT CHARLOTTE, FL 33952

New Mailing Address:

4120 TAMIAMI TRAIL SUITE D1
PORT CHARLOTTE, FL 33952

FEI Number: 20-0651423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRATTURA, VICTOR
4120 TAMIAMI TRAIL SUITE B
PORT CHARLOTTE, FL 33952 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: FRATTURA, VICTOR
Address: 7351 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP ( ) Change (X) Addition
Name: DULA-FRATTURA, CAROL
Address: 7351 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

Title: SEC ( ) Change (X) Addition
Name: DULA-FRATTURA, CAROL
Address: 7351 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

Title: TRES ( ) Change (X) Addition
Name: FRATTURA, VICTOR
Address: 7351 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL DULA-FRATTURA VP 04/04/2005
Electronic Signature of Signing Officer or Director Date