

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000015959

1. Entity Name
SHOWCASE DENTAL LABORATORY, INC



Principal Place of Business

4120 TAMiami TRAIL SUITE D1
PORT CHARLOTTE, FL 33952

Mailing Address

4120 TAMiami TRAIL SUITE B
PORT CHARLOTTE, FL 33952

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

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

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	PRES	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	FRATTURA, VICTOR		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7351 S. BLUE SAGE		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	VP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	DULA-FRATTURA, CAROL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7351 S. BLUE SAGE		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	DULA-FRATTURA, CAROL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7351 S. BLUE SAGE		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME	FRATTURA, VICTOR		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7351 S. BLUE SAGE		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

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:

Casey

Casey Ann FRATTURA

9-16-07 625-5757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941