

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000133263

1. Entity Name

CAPE CORAL DENTAL LABORATORY, INC.



Principal Place of Business

4632 VINCENNES BLVD
CAPE CORAL FL 33904

Mailing Address

4632 VINCENNES BLVD
CAPE CORAL FL 33904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **20-1675014**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAAK, MARK P.
4632 VINCENNES BLVD
CAPE CORAL FL 33904

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 fee if applicable

(NOTE: Registered Agent signature required when revalidating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS SCHAACK, MARK
CITY-ST-ZIP 411 NEW AVE
LOCKPORT IL 60441

TITLE ☐ Delete
NAME DV
STREET ADDRESS OSCHMAN, ROBERT
CITY-ST-ZIP 4627 PROPECT AVE
DOWNERS GROVE IL 60515

TITLE ☐ Delete
NAME DT
STREET ADDRESS OSCHMAN, CHRISTINE
CITY-ST-ZIP 4627 PROPECT AVE
DOWNERS GROVE IL 60515

TITLE ☐ Delete
NAME DS
STREET ADDRESS SCHAACK, ELIZABETH
CITY-ST-ZIP 411 NEW AVE
LOCKPORT IL 60441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add
U000000461253
03/20/06-80044-001 150.00

☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert Oschman*

3/7/06 239-549-055