

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133263

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: CAPE CORAL DENTAL LABORATORY, INC.

## Current Principal Place of Business:

4632 VINCENNES BLVD  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

4632 VINCENNES BLVD  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 20-1675014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHAACK, MARK P.  
4632 VINCENNES BLVD  
CAPE CORAL, FL 33904 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: DP ( ) Delete  
Name: SCHAACK, MARK  
Address: 411 NEW AVE  
City-St-Zip: LOCKPORT, IL 60441

Title: DV ( ) Delete  
Name: OSCHMAN, ROBERT  
Address: 4627 PROPECT AVE  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: DT (X) Delete  
Name: OSCHMAN, CHRISTINE  
Address: 4627 PROPECT AVE  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: DS (X) Delete  
Name: SCHAACK, ELIZABETH  
Address: 411 NEW AVE  
City-St-Zip: LOCKPORT, IL 60441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SCHAACK, MARK  
Address: 16211 W. OAK AVE.  
City-St-Zip: JOLIET, IL 60432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT OSCHMAN

VP

03/13/2007

Electronic Signature of Signing Officer or Director

Date