

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133263

FILED
Apr 09, 2009
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:

411 NEW AVE.
LOCKPORT, IL 60441

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:

SCHAACK, MARK P.
4632 VINCENNES BOULEVARD
CAPE CORAL, FL 33904 US

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:

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: SCHAACK, MARK
Address: 16211 W. OAK AVE.
City-St-Zip: JOLIET, IL 60432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARK P. SCHAACK

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date