

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90082 042 ***150.00



DOCUMENT # P05000001001

1. Entity Name
ERASE-A-DENT, INC.

Principal Place of Business 2162 OLD CHEMSTRAND RD CANTONMENT, FL 32533 US	Mailing Address 2162 OLD CHEMSTRAND RD CANTONMENT, FL 32533 US
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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

04102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-2089277 Not Applicable

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

**BASS & SANDFORT ACCOUNTANTS, PA
1301 W GARDEN ST
PENSACOLA, FL 32501**

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 _____ (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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAINARD, JESHUA N			NAME			
STREET ADDRESS	2162 OLD CHEMSTRAND RD			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAINARD, AMBER N			NAME			
STREET ADDRESS	2162 OLD CHEMSTRAND RD			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAINARD, JESHUA N			NAME			
STREET ADDRESS	2162 OLD CHEMSTRAND RD			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAINARD, JESHUA N			NAME			
STREET ADDRESS	2162 OLD CHEMSTRAND RD			STREET ADDRESS			
CITY-ST-ZIP	CANTONMENT, FL 32533			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **4/17/07** **850 221 2349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #