## 2006 FOR PROFIT CORPORATION

## Jul 06, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P05000018431** 07-06-2006 90001 030 \*\*\*150.00 1. Entity Name D & B DENTAL LAB, INC. Principal Place of Business Mailing Address 50021521 1283 BRUMPTON PLACE 1283 BRUMPTON PLACE VIERA FL 32955 VIERA FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 CR2E034 (11/05) Cha-P 4. FEI Number City & State City & State Applied For #41-2185231 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIEBELT, DONALD J. 1283 BRUMPTON PLACE Street Address (P.O. Box Number is Not Acceptable) VIERA, FL 32955 City 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 aignature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Due by September 6, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WIEBELT, DONALD J. NAME STREET ADDRESS 1283 BRUMPTON PLACE STREET ADORESS COTY-ST-7IP VIERA, FL 32955 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME WIEBELT, BARBARA A. NAME STREET ADORESS 1283 BRUMPTON PLACE STREET ADDRESS CITY-ST-ZIP VIERA, FL 32955 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CDY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS 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:

FILED

## ATTACHMENT

1283 Brumpton Place

Viera, FL 32955

July 3, 2006

**Division of Corporations** 

P.O. Box 1500

Tallahassee, FL 32302-1500

Dear Sir or Madam:

We just received a notice today of Intent to Dissolve concerning our corporation. We are new to the area, we recently moved from Louisiana. We had problems concerning our zip code since Viera shares a zip code with Rockledge. We didn't receive a first notice.

I am enclosing a check for \$150 corporation fee hoping you will accept this with the understanding that we didn't realize a fee was due. We currently have very little money in our business and are not able to pay a late fee.

If you could please let us know when the date for the filing fee is due, we would appreciate it. We certainly won't miss the date this coming year.

Yours truly,

Donald Wiebelt

D & B Dental Lab, Inc.