

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90110 015 ***158.75

DOCUMENT # P06000039493

1. Entity Name
DENTECH PDR, INC.



Principal Place of Business

5024 SW 25TH COURT
CAPE CORAL, FL 33914 US

Mailing Address

5024 SW 25TH COURT
CAPE CORAL, FL 33914 US

40120486



2. Principal Place of Business - No P.O. Box #

428 SW 21ST TERR

Suite, Apt. #, etc.

3. Mailing Address

428 SW 21ST TERR

Suite, Apt. #, etc.

06052007

Chg-P

CR2E034 (12/06)

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

20-4517025

Applied For

Not Applicable

Zip 33991

Country Lee

Zip 33991

Country Lee

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTERLY, ANTHONY D
5024 SW 25TH COURT
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

428 SW 21ST TERR

City

CAPE CORAL

FL

Zip Code

33991

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME EASTERLY, ANTHONY D
STREET ADDRESS 5024 SW 25TH COURT
CITY-ST-ZIP CAPE CORAL, FL 33914 ☐ Delete

TITLE S
NAME EASTERLY, KIMBERLY
STREET ADDRESS 5024 SW 25TH COURT
CITY-ST-ZIP CAPE CORAL, FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Anthony D Easterly ☒ Change ☐ Addition
NAME
STREET ADDRESS 428 SW 21ST TERR
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE Kimberly Easterly ☒ Change ☐ Addition
NAME
STREET ADDRESS 428 SW 21ST TERR
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Kimberly Easterly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-2007 239-872-0693

Date

Daytime Phone #