

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051896

FILED
Jan 04, 2008
Secretary of State

Entity Name: PREMIER DENTAL LABORATORY, INC.

Current Principal Place of Business:

9365 US HWY 19 UNIT A-3
PINELLAS PARK, FL 33782

New Principal Place of Business:

9365 US HWY 19N
A
PINELLAS PARK, FL 33782

Current Mailing Address:

9365 US HWY 19 UNIT A-3
PINELLAS PARK, FL 33782

New Mailing Address:

9365 US HWY 19 N
A
PINELLAS PARK, FL 33782

FEI Number: 86-1161359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHCRAFT, ELIZABETH
9365 US HWY 19N UNIT A
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

ASHCRAFT, ELIZABETH
9365 US HWY 19 N
A
PINELLAS PARK, FL 33782 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: ELIZABETH ASHCRAFT

01/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASHCRAFT, ELIZABETH
Address: 3201 MELTON ST N
City-St-Zip: ST PETE, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASHCRAFT, ELIZABETH
Address: 3201 MELTON ST N
City-St-Zip: ST PETERSBURG, FL 33704

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: ELIZABETH ASHCRAFT

P

01/04/2008

Electronic Signature of Signing Officer or Director

Date