

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000062002

1. Entity Name

KRONZ DENTAL LAB, INC



Principal Place of Business

**9401 SW ST RD 200
101
OCALA FL 34476**

Mailing Address

**9401 SW ST RD 200
101
OCALA FL 34476**



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

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-4806127

Applied For

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

**DUNN, STEPHEN H DR
9401 SW ST RD 200
101
OCALA FL 34476**

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 _____
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when constituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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 | VP | <input type="checkbox"/> Delete |
| NAME | DUNN, STEPHEN H DR | |
| STREET ADDRESS | 9401 SW ST RD 200 STE 101 | |
| CITY-ST-ZIP | OCALA FL 34476 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KRONZ, SUSAN | |
| STREET ADDRESS | 9401 SW ST RD 200 STE 101 | |
| CITY-ST-ZIP | OCALA FL 34476 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 **352-875-7000**

Date

Daytime Phone #