2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017351

Entity Name: GRAYSON DENTAL LAB, INC.

JACKSONVILLE, FL 32217

City-St-Zip:

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3872 GALICIA RD JACKSONVILLE, FL 32217				11530 SAN JOSE BLVD JACKSONVILLE, FL 32223	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
3872 GALICIA RD JACKSONVILLE, FL 32217			11530 SAN JOSE BLVD JACKSONVILLE, FL 32223		
FEI Number:	: 45-0588796	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
JACKSON The above	DOWOOD LN VILLE, FL 32:	207 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (SMITH, KEITH 3872 GALICIA JACKSONVILL	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (MEAGHER, TIN 3872 GALICIA		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: KEITH SMITH PRES 01/23/2009