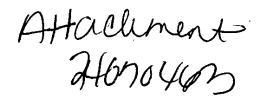
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2004 8:00 am Secretary of State

DOCUI  1. Entity Nam  DENT CR	е	# P93000049 D.			05-05-200	4 90230	038 ***1	50.00		
Principal Place of Business 356 WEKIVA PARK DR SANFORD, FL 32771 US			Mailing Address 356 WEKIVA PARK DR SANFORD, FL 32771 US				LAISS IVII BAIII BRIII SAIL	<b>85</b> 711 <b>31611</b> 1 <b>7</b> 1		1 <b>88</b> 1 F1 ( <b>88</b> 1
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262004	Chg-P	CR2E0	34 (10/03)	
City & State			City & State			4. FEI Numbe 59-319:			No	plied For t Applicable
Zip 			Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SELIGMAN, MORT 356 WEKIVA PARK DR SANFORD, FL 32771					Street Address (P.O. Box Number is Not Acceptable)					
•				C				FL	Zip Code	9
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 bille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILA After Ma	NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550	9. Election Campa Trust Fund Cont	_	~ _ ++	.00 May Be led to Fees				
10.		OFFICERS ANI		.11.	····	ADDITIONS/	CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	356 WEK	IN, MORTAN J IVA PARK DR D, FL 32771	☐ Delete		, [				Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	,		☐ Delete		ì			-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete			- 10			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	1	1				Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 empawered 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.										





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 26, 2004

DENT CRAFT, INC. 356 WEKIVA PARK DR SANFORD, FL 32771 US

SUBJECT: DENT\_CRAFT, INC.
Ref. Number: P93000049950

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 104A00027493