

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001504

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: HERITAGE DENTAL CERAMICS, INC.

## Current Principal Place of Business:

7308 STATE ROAD 52  
HUDSON, FL 34667

## New Principal Place of Business:

## Current Mailing Address:

7308 STATE ROAD 52  
HUDSON, FL 34667

## New Mailing Address:

FEI Number: 59-3217411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LONG, DON MICHAEL  
7308 SR 52  
HUDSON, FL 34667 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LONG, DON MICHAEL  
Address: 10403 PASTEL LANE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete  
Name: LONG, DONALD J.  
Address: 9240 LAKE DR.  
City-St-Zip: NEW PORT RICHEY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DON MICHAEL LONG

P

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date