


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # P94000001775**

1. Entity Name  
**ADVANCED DENTAL LAB, INC.**



Principal Place of Business <b>6106 BENNETT ROAD          JACKSONVILLE, FL 32216</b>	Mailing Address <b>6106 BENNETT ROAD          JACKSONVILLE, FL 32216</b>
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3217354</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**KLEHM, WILLIAM D  
 6106 BENNETT ROAD  
 JACKSONVILLE, FL 32216**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000939930  
 05/28/08-80046-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEHM, WILLIAM D 6106 BENNETT ROAD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEHM, GENA B 6106 BENNETT ROAD JACKSONVILLE, FL 32216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William D Klehm William D Klehm 4-30-08 904 739 3375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #