

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002097

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: CHERYL PRICE DENTAL LABORATORY, INC.

## Current Principal Place of Business:

7219 BENJAMIN RD.  
SUITE B  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

7219 BENJAMIN RD.  
SUITE B  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 59-3286989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRICE, DONALD  
12724 STANWYCK CIR.  
TAMPA, FL 33626 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: PD ( ) Delete  
Name: PRICE, CHERYL  
Address: 12724 STANWYCK CIR.  
City-St-Zip: TAMPA, FL 33626

Title: VD ( ) Delete  
Name: PRICE, DONALD  
Address: 12724 STANWYCK CIR  
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete  
Name: ELAMARI, JERICHO  
Address: 14824 PAR CLUB CIR.  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DONALD PRICE

VD

04/16/2009

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

\_\_\_\_\_  
Date