## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079613

Entity Name: HENNESSY DENTAL LABORATORY, INC.

FILED Apr 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3965 INVESTMENT LANE 3709 INTERSTATE PARK RD S. A-11 RIVIERA BEACH, FL 33404

RIVIERA BEACH, FL 33404

Current Mailing Address: New Mailing Address:

3965 INVESTMENT LANE 3709 INTERSTATE PARK RD S. RIVIERA BEACH, FL 33404

RIVIERA BEACH, FL 33404

FEI Number: 65-0613915 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:

HENNESSY, MICHAEL J
4420 BEACON CIRCLE
3709 INTERSTATE PARK RD S.
SUITE 100
WEST PALM BEACH, FL 33407 US

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: MICHAEL J. HENNESSY 04/12/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete Title: DPT (X) Change ( ) Addition

Name: HENNESSY, MICHEAL J Name: HENNESSY, MICHEAL J Address: 4081 CATALPHIA AVE 4081 CATALPHA AVE

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVPS () Delete Title: DVPS (X) Change () Addition Name: KOVAC, DAWN D DDS. Name: KOVAC, DAWN D DDS.

Name: KOVAC, DAWN D DDS. Name: KOVAC, DAWN D DDS.
Address: 4081 CATALPHIA AVE Address: 4081 CATALPHA AVE

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

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: MICHAEL J. HENNESSY PRES 04/12/2004