

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90070 012 ***150.00

DOCUMENT # P97000002351



1. Entity Name

PRO-TECH YOUR TEETH DENTAL LAB, INC.

Principal Place of Business

1400 N SEMORAN BLVD
SUITE D
ORLANDO FL 32807

Mailing Address

1400 N SEMORAN BLVD
SUITE D
ORLANDO FL 32807

2. Principal Place of Business

190 O'Brien Rd.

Suite, Apt. #, etc.

3. Mailing Address

190 O'Brien Rd.

Suite, Apt. #, etc.

City & State

Fern Park FL

City & State

Fern Park FL

4. FEI Number

59-3421217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHIEBER, RAYMOND
1400 N SEMORAN BLVD
SUITE D
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name Schieber, Raymond

Street Address (P.O. Box Number is Not Acceptable)

190 O'Brien Rd.

City Fern Park

FL

Zip Code 32730

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

Nancy Schieber

Nancy Schieber

1-18-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHIEBER, RAYMOND
STREET ADDRESS 8889 BUTTERNUT BLVD.
CITY-ST-ZIP ORLANDO FL 32817

TITLE D ☐ Delete
NAME SCHIEBER, NANCY J
STREET ADDRESS 8889 BUTTERNUT BLVD.
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Schieber / Nancy Schieber 1-18-06

Date

(Am) 02-06-2006 90070 012 ***150.00