

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000004562

1. Entity Name
MANCINI DENTAL LABORATORY, INC.



Principal Place of Business
**6051 ESTERO BLVD. STE 1
SUITE 5
FORT MYERS BEACH, FL 33931 US**

Mailing Address
**6051 ESTERO BLVD. STE 1
SUITE 5
FORT MYERS BEACH, FL 33931 US**



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0728943** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$3.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HEIST, H A
1661 ESTERO BLVD. STE 20
FORT MYERS BEACH, FL 33932**

**DO NOT WRITE
IN THIS SPACE**

6. 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

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

(NOTE: Registered Agent signature required when completed)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MANCINI, CHERYL**
STREET ADDRESS **234 PALERMO CIR.**
CITY-STATE-ZIP **FT MYERS BEACH, FL 33931**

TITLE **D**
NAME **MANCINI, LAURENCE J**
STREET ADDRESS **234 PALERMO CIR.**
CITY-STATE-ZIP **FT MYERS BEACH, FL 33931**

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U00000521513
05/02/06-80135-016 150.00

**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: *Cheryl A. Mancini*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #