

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P97000068281

1. Entity Name
SARASOTA DENTAL CERAMICS, INC.



Principal Place of Business
**2100 SOUTH TAMiami TRAIL
SUITE 200
SARASOTA, FL 34239 US**

Mailing Address
**2100 SOUTH TAMiami TRAIL
SUITE 200
SARASOTA, FL 34239 US**



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0775954

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PETER J. JAENSCH IMMIGRATION LAW FIRM, PA
2198 MAIN STREET
SARASOTA, FL 34237**

**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 reissuing) 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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOCHMANN, DORIS
STREET ADDRESS	AM NUSSBERG 15
CITY - ST - ZIP	HAMMERSBACH, -- 63546
TITLE	VP
NAME	GEORGE, RAYMOND G
STREET ADDRESS	865 KILLARNEY DRIVE
CITY - ST - ZIP	SEBRING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000855764
03/27/08-80064-008 150.00

**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:

Doris Lochmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/08
Date

Daytime Phone #