

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091052

FILED  
Jun 19, 2007  
Secretary of State

Entity Name: P.C. ORTHODONTIC LABORATORY, INC.

**Current Principal Place of Business:**

347 12TH ST  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

625 HARBOR VILLA COURT  
CLERMONT, FL 34711

**New Mailing Address:**

549 HARBOR VILLA COURT  
CLERMONT, FL 34711

FEI Number: 59-3475228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORBO, PETER L  
625 HARBOR VILLA COURT  
CLERMONT, FL 34711 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CORBO, PETER L  
Address: 625 HARBOR VILLA COURT  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: CORBO, MELINDA M  
Address: 625 HARBOR VILLA COURT  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PETER L. CORBO

PRES

06/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date