


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000100458	
1. Entity Name CLAYWELL DENTAL LAB, INC.	

Principal Place of Business 104 W. SENECA AVE SUITE 2 TAMPA, FL 33612	Mailing Address 104 W. SENECA AVE SUITE 2 TAMPA, FL 33612
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0800201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYWELL, HENRY A  
15112 LYNN DR  
TAMPA, FL 33624

**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: Henry A. Claywell DATE: 2-15-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLAYWELL, HENRY A 15112 LYNN DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CLAYWELL, PATRICIA 15112 LYNN DR TAMPA, FL 33624
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02/18/05-80018-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Henry A. Claywell Henry A. Claywell DATE: 2-15-05 DAYTIME PHONE # 813-968-7203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR