

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015133

FILED
Feb 05, 2009
Secretary of State

Entity Name: CRAWFORD DENTAL LABORATORY, INC.

Current Principal Place of Business:

2445 STATE ROAD 584
UNIT F
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2445 STATE ROAD 584
UNIT F
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3494736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JOHN A
494 OLD OAK CIRCLE
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

CRAWFORD, JOHN A
10315 SORENSTAM DRIVE
TRINITY, FL 34655 US

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: JOHN CRAWFORD

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAWFORD, JOHN A
Address: 494 OLD OAK CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRAWFORD, JOHN A
Address: 10315 SORENSTAM DRIVE
City-St-Zip: TRINITY, FL 34655

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: JOHN CRAWFORD

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date