


2008 **PROFIT CORPORATION** **ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P98000027022	
1. Entity Name GEORGE E. LINSKY DENTAL LABORATORY, INC.	

Principal Place of Business 3870 5TH AVENUE NORTH ST. PETERSBURG, FL 33713 US	Mailing Address 3870 5TH AVENUE NORTH ST. PETERSBURG, FL 33713 US
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DO NOT WRITE IN THIS SPACE

04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3499856	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

BOURLON, ELIZABETH G
262 AVENUE NORTH
ST. PETERSBURG, FL 33701

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	D LINSKY, GEORGE E 3870 5TH AVENUE NORTH ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINSKY, MAUREEN G 3870 5TH AVENUE NORTH ST. PETERSBURG, FL 33713
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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: *George E Linsky* **4-11-08 7773289114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #