2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## DOCUMENT # P98000031074 Feb 06, 2004 08:00 AM Secretary of State 1. Entity Name SAV-ON DENTAL SUPPLIES, INC. Principal Place of Business Mailing Address 334 LA HACIENDA DRIVE INDIAN ROCKS BEACH FL 33785 334 LA HACIENDA DRIVE INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3502926 Not Applicable Ζıp Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKERS, PAM Street Address (P.O. Box Number is Not Acceptable) 334 LA HACIENDA DRIVE INDIAN ROCKS BEACH FL 33785 City Zip Code FI 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 Signature Typed or printed name of registered agont and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete mn.e Change Addition AKERS, PAM U00000039489 NAME NAME STREET ADDRESS 334 LA HACIENDA DRIVE 02/09/04-80006-008 150.00 STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY -ST-2IF CITY - ST - ZIP THE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIE CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-2IP 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.

**FILED**