

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90282 030 \*\*\*150.00

**DOCUMENT # P98000078719**

1. Entity Name  
**DENTAL CRAFTERS, INC.**



Principal Place of Business  
**1110 US 27 SOUTH  
AVON PARK, FL 33825**

Mailing Address  
**1110 US 27 SOUTH  
AVON PARK, FL 33825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-3546318**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEERAJ, PAUL  
1110 US 27 SOUTH  
AVON PARK, FL 33825**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Paul Seeraj*  
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SEERAJ, PAUL**  
STREET ADDRESS **13801 US 27 SOUTH**  
CITY-ST-ZIP **SEBRING, FL 33884**

TITLE **D** ☐ Delete  
NAME **MERRELL, WILLIAM**  
STREET ADDRESS **NINE APPLE TREE LANE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition  
NAME **William E. Van Evans**  
STREET ADDRESS **311 Viola Street**  
CITY-ST-ZIP **Oshawa, Ontario L1H3A7 Canada**

TITLE **Sec - Treas.** ☐ Change ☒ Addition  
NAME **michele mark**  
STREET ADDRESS **311 VIOLA STREET**  
CITY-ST-ZIP **OSHAWA, ONTARIO L1H3A7 CANADA.**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **SEERAJ, PAUL**  
STREET ADDRESS **13801 US 27 SOUTH**  
CITY-ST-ZIP **SEBRING, FL 33884**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **MERRELL, WILLIAM**  
STREET ADDRESS **NINE APPLE TREE LANE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/06*  
Date

*863 453-9119*  
Daytime Phone #