

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**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**



02212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEERAJ, PAUL 13801 US 27 SOUTH SEBRING, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERRELL, WILLIAM NINE APPLE TREE LANE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAN EVANS, WILLIAM E 311 VIOLA ST OSHAWA, ONTARIO, CA 11h 3a7
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARK, MICHELE 311 VIOLA ST OSHAWA, ONTARIO, CA 11h 3a7
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SERRAJ, PAUL 13801 US 27 S SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MERRELL, WILLIAM NINE APPLE TREE LN WINTER HAVEN, FL 33884

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04/02/08-80027-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*2/22/08*