


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000082974 1. Entity Name MERRILL DENTAL LABORATORY, INC.	
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Principal Place of Business 3617 WEST KENNEDY BLVD. TAMPA, FL 33609	Mailing Address 3617 WEST KENNEDY BLVD. TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3541881	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

**BRIAN MERRILL
3617 W. KENNEDY BLVD
TAMPA, FL 33609**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BRIAN, MERRILL 3617 WEST KENNEDY BLVD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BRIAN, MERRILL 3617 WEST KENNEDY BLVD TAMPA, FL 33609
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06/04/08-80051-002 150.00

**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: Brian Merrill 5/1-08 813-870-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #