

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90105 020 \*\*\*150.00

**DOCUMENT # P99000012609**

1. Entity Name

**S & S DENTAL LABORATORY, INC.**



Principal Place of Business

**9109 BAYMEADOWS ROAD  
SUITE 6  
JACKSONVILLE BEACH FL 32256**

Mailing Address

**9109 BAYMEADOWS ROAD  
SUITE 6  
JACKSONVILLE BEACH FL 32256**



2. Principal Place of Business

**8777 San Jose Blvd.**

3. Mailing Address

**8777 San Jose Blvd.**

Suite, Apt. #, etc.  
**Suite 703**

Suite, Apt. #, etc.  
**Suite 703**

1st MOORE

CR2E034 (10/05)

City & State  
**Jacksonville, Fl.**

City & State  
**Jacksonville, Fl.**

4. FEI Number  
**59-3569676**

Applied For  
Not Applicable

Zip  
**32217**

Country  
**Duval**

Zip  
**32217**

Country  
**Duval**

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

**SHAMBOW, CAROL J  
9109 BAYMEADOWS ROAD 8777 San Jose Blvd.  
SUITE 6 703  
JACKSONVILLE BEACH FL 32256 32217**

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

*Carol J Shambow - Carol J Shambow*

*4-6-06*

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **SHAMBOW, CAROL J**  
STREET ADDRESS **9252 ARDOLTA WAY 1305 Woodh:11 pl.**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 Section 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:

*Carol J Shambow - Carol J Shambow*

*904-733-9683*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #