

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000039764

1. Entity Name  
CARROLLWOOD DENTAL LAB INC.



Principal Place of Business  
14027 N. DALE MABRY HWY.  
TAMPA, FL 33618

Mailing Address

14027 N. DALE MABRY HWY.  
TAMPA, FL 33618

2. Principal Place of Business  
16518 N. DALE MABRY HWY → SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State

Zip 33618 Country

Zip

Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3571307

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PASEK, MICHAEL D  
4851 85TH AVE.  
PINELLAS PARK, FL 33781

Name ZBIGNIEW HARASIMIUK

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

16518 N. DALE MABRY HWY  
TAMPA, FL 33618

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 *Zbigniew Harasimuk REC- AGENT*

4/28/05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	S HARASIMIUK, NELLA M 6012 NATIVE WOODS DR TAMPA, FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16518 N. DALE MABRY HWY TAMPA, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 info empowered.

SIGNATURE: *Zbigniew Harasimuk PRES.* 4/28/05 813-962-7278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



60000324