


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90166 008 ***150.00

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		3. Mailing Address 16518 N. DALE MABRY HWY		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3571307	
Zip 33618		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASEK, MICHAEL D 4851 85TH AVE. PINELLAS PARK, FL 33781				7. Name and Address of Now Registered Agent Name ZBIGNIEW HARASIMIUK Street Address (P.O. Box Number is Not Acceptable) 16518 N. DALE MABRY HWY City 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 <i>Zbigniew Harasimiuk</i> ZBIGNIEW HARASIMIUK Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) REG. AGENT DATE 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. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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)(i), 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: <i>Zbigniew Harasimiuk</i> ZBIGNIEW HARASIMIUK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/28/05 DAYTIME PHONE # 813-962-7276		