

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000051244

1. Entity Name
**S & S / CONCEPT ONE DENTAL SUPPLY AND
EQUIPMENT CORP.**



Principal Place of Business
**1791 BLOUNT RD., BAY NO. 602
POMPANO BEACH, FL 33069**

Mailing Address
**1791 BLOUNT RD., BAY NO. 602
POMPANO BEACH, FL 33069**



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0938728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUNDY, MARK
1791 BLOUNT RD., BAY NO. 602
POMPANO BEACH, FL 33069**

**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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LUNDY, MARK**
STREET ADDRESS **1791 BLOUNT RD., BAY NO. 602**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **D**
NAME **SCHENKER, SCOTT**
STREET ADDRESS **1791 BLOUNT RD. BAY #602**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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04/02/07-80026-019 150.00

**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 #

3/17/07 954-975-0522