

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053033

Entity Name: FLORIDA DENTAL REPAIR, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

10820-75TH STREET
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

10820-75TH STREET
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 59-3582229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEINBACH, PHILIP
9620 123RD LANE NORTH
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEINBACH, PHILIP
Address: 9620 123RD LANE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: VPS () Delete
Name: LEINBACH, MARGARET
Address: 9620 123RD LANE NORTH
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP A. LEINBACH

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date