


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S17135	
1. Entity Name CASHWELL DENTAL LABORATORY, INC.	

Principal Place of Business 926 WEST MICHIGAN AVENUE PENSACOLA, FL 32505 US	Mailing Address 926 WEST MICHIGAN AVENUE PENSACOLA, FL 32505 US
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3040479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASHWELL, BILLY T., JR. 6119 MONTGOMERY AVE PENSACOLA, FL 32526

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000080719 03/08/04-80121-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASHWELL, BILLY T., JR. 6119 MONTGOMERY AVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASHWELL, LEE O. 6119 MONTGOMERY AVENUE PENSACOLA, FL
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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 like empowered.

SIGNATURE: <u>Billy T. Cashwell Jr.</u> Billy T. Cashwell Jr. <u>3/3/04</u> <u>850470 0506</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #