

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90171 034 ***150.00

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

00047667



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

6119 Montgomery Ave
Suite, Apt. #, etc.

3. Mailing Address

6119 Montgomery Ave
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-3040479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASHWELL, BILLY T., JR.
6119 MONTGOMERY AVE
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CASHWELL, BILLY T., JR.
STREET ADDRESS 6119 MONTGOMERY AVE
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE ST
NAME CASHWELL, LEE O.
STREET ADDRESS 6119 MONTGOMERY AVENUE
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lee O. Cashwell - Lee O. Cashwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05
Date

8509445490
Daytime Phone #