

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # S17135

1. Entity Name
CASHWELL DENTAL LABORATORY, INC.



Principal Place of Business
**6119 MONTGOMERY AVE
PENSACOLA, FL 32526 US**

Mailing Address
**6119 MONTGOMERY AVE
PENSACOLA, FL 32526 US**



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3040479	Applied For 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**

**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 _____

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, 2008 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	CASHWELL, BILLY T., JR.
STREET ADDRESS	6119 MONTGOMERY AVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	ST
NAME	CASHWELL, LEE O.
STREET ADDRESS	6119 MONTGOMERY AVENUE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/06/08-80001-002 550.00

**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:

Lee O. Cashwell

Lee O. Cashwell

6/2/08

8509445490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #