

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # V36982

1. Entity Name
NORTHWEST DENTAL LAB, INC.



Principal Place of Business
2500 N UNIVERSITY DRIVE
REAR 15
SUNRISE, FL 33322

Mailing Address
2500 N UNIVERSITY DRIVE
REAR 15
SUNRISE, FL 33322



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0333552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOBBS, EMMETT H.
2500 N UNIVERSITY DRIVE
SUNRISE, FL 33322

**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 *Emmett H. Hobbs* EMMETT HOBBS 2-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 HOBBS, EMMETT H.
STREET ADDRESS 2500 N UNIVERSITY DR
CITY-ST-ZIP SUNRISE, FL

1100011229143
02/14/05-80067-019 150.00

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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: *Emmett H. Hobbs* EMMETT HOBBS 2-8-05 954-741-704.
Signature and typed or printed name of signing officer or director Date Daytime Phone #