


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90080 035 ***150.00


DOCUMENT # V62449	
1. Entity Name GULFCOAST DENTAL LAB, INC.	

Principal Place of Business 1039 EAST AVE N SARSTOA FL 34237 US	Mailing Address 1039 EAST AVE N SARSTOA FL 34237 US
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2. Principal Place of Business 1039 EAST AVENUE NORTH Suite, Apt. #, etc.	3. Mailing Address 1039 EAST AVENUE NORTH Suite, Apt. #, etc.
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City & State SARASOTA	City & State SARASOTA
Zip FL Country 34237	Zip FL Country 34237

60014166



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0359841	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 CHIVINGTON, JAMES J 1039 EAST AVENUE NORTH SUITE 814 SARASOTA FL 34237	7. Name and Address of New Registered Agent Name CHARLES E MCLEMMENS Street Address (P.O. Box Number is Not Acceptable) 1039 EAST AVENUE NORTH City SARASOTA FL Zip Code 34237
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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 *Charles E Mclemens* **CHARLES E MCLEMMENS** DATE **2-14-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIVINGTON, JAMES J. 7426 N. LEEWYNN DRIVE SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIVINGTON, TERESA L. 7426 N. LEEWYNN DRIVE SARASOTA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES E MCLEMMENS 5919 WINGSPAN WAY BRADENTON FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Charles E Mclemens* **CHARLES E MCLEMMENS** DATE **2-14-05** DAYTIME PHONE # **(941) 366-6739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR