

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000078044

Entity Name: DESTINY DENTAL LAB INC**Current Principal Place of Business:**24020 PRODUCTION CIRCLE
LOT 216
BONITA SPRINGS, FL 34135**Current Mailing Address:**PO BOX 366157
BONITA SPRINGS, FL 34136 US**FEI Number:** 27-0920961**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PRILLWITZ, TED JJR
24020 PRODUCTION CIRCLE
LOT 216
BONITA SPRINGS, FL 34135 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	PRILLWITZ, TED JJR
Address	24020 PRODUCTION CIRCLE LOT 216
City-State-Zip:	BONITA SPRINGS FL 34135
Title	SECRETARY
Name	MAYHOOD, SUE
Address	24020 PRODUCTION CIRCLE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	EXECUTIVE SECRETARY
Name	CALHOUN, TAMMY
Address	1301 CONNIE AVE NORTH
City-State-Zip:	LEHIGH ACRES FL 33971
Title	SALES REPESENTIVE
Name	DELIA, DAN S
Address	24020 PRODUCTION CIRCLE LOT 216
City-State-Zip:	BONITA SPRINGS FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TED J PRILLWITZ JR**OPERATOR/OWNER****01/22/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date