


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # H44812
 1. Entity Name
 LASER BLADES, INC.



Principal Place of Business Mailing Address
 % THOMAS P. JOHANNING % THOMAS P. JOHANNING
 1735 APEX ROAD 1735 APEX ROAD
 SARASOTA, FL 34240 SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2523817	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
 JOHANNING, THOMAS P.
 1735 APEX ROAD
 SARASOTA, FL 34240

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 _____ DATE _____
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

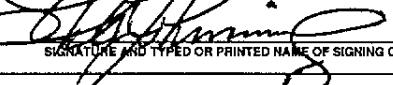
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANNING, THOMAS P. 6407 JACKIE LYNN CT. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHANNING, BARBARA J 6407 JACKIE LYNN CT SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVENPORT, JACQUELINE C 1220 FRASER PINE BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHANNING, THOMAS M 2438 ICE CAPADE DR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000179649
 01/13/05-80026-012 150.00

DO NOT WRITE IN THIS SPACE

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:  1-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #