

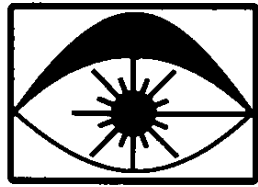
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2005 8:00 am
Secretary of State

08-04-2005 90001 006 ***150.00

DOCUMENT # K49101 1. Entity Name LASER IMAGING SYSTEMS, INC.																																																																																																																																																					
Principal Place of Business 204 EAST MCKENZIE STREET SUITE A PUNTA GORDA FL 33950 US			Mailing Address 204-A EAST MCKENZIE STREET SUITE A PUNTA GORDA FL 33950 US																																																																																																																																																		
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Zip		Country		4. FEI Number 65-0086167																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent MCRAE, THOMAS G E. MCKENZIE ST 204-A PUNTA GORDA FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																	
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FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>																																																																																																																																																		
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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: <u>Susan G. McRae</u> 8-1-05 941.639.3533 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					

ATTACHMENT



L I S

Laser Imaging Systems

106026284
K49101

August 29, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

We did not receive prior notice of the fee due. A check for \$150.00 was mailed on August 1, 2005 (check #9199).

Regards,

Susie McRae

Susie McRae
Business Manager

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

DOCUMENT # K49101

1. Entity Name

LASER IMAGING SYSTEMS, INC.



Principal Place of Business

204 EAST MCKENZIE STREET
SUITE A
PUNTA GORDA FL 33950
US

Mailing Address

204-A EAST MCKENZIE STREET
SUITE A
PUNTA GORDA FL 33950
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (5/05)

4. FEI Number

65-0086167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCRAE, THOMAS G
E. MCKENZIE ST
204-A
PUNTA GORDA FL 33950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MCRAE, THOMAS G.
STREET ADDRESS 2751 RYAN BLVD
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE DST ☐ Delete
NAME MCRAE, SUSAN G.
STREET ADDRESS 2751 RYAN BLVD
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☐ Delete
NAME GELDERD, JOHN B.
STREET ADDRESS 5252 ENCHARTED OAKS DRIVE
CITY-ST-ZIP COLEGE STATION TX 77845

TITLE D ☐ Delete
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STREET ADDRESS 6819 BLUFFS BLVD.
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D ☐ Delete
NAME BURRER, GORDON J.
STREET ADDRESS 5 WAYLAND HILLS RD.
CITY-ST-ZIP WAYLAND MA 01778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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SIGNATURE:

Susan G. McRae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-05

Date

941-639-3533

Daytime Phone #