

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F0000002273	
1. Entity Name LASER PRINTERS, INC.	

Principal Place of Business 6119 CALLAGHAN RD SAN ANTONIO, TX 78228	Mailing Address P.O. BOX 40279 SAN ANTONIO, TX 78229
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02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2134279	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

**TOWNSEND, WILLIAM L JR
200 REID ST
PALATKA, FL 32177**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P SCHEELE, EDGAR VON JR P.O. BOX 40279 SAN ANTONIO, TX 78229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVC WRIGHT, WINSTON L P.O. BOX 40279 SAN ANTONIO, TX 78229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAMIREZ, OLGA E P.O. BOX 40279 SAN ANTONIO, TX 78229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHEELE, VIVIAN VON 5315 KEYSTONE SAN ANTONIO, TX 78229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/04-80197-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Edgar von Scheele* **2-17-04** **(210) 680-6112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #