

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002161	
1. Entity Name LASERTECH OF MADISON, INC.	
Principal Place of Business 818 POST ROAD MADISON, WI 53713	Mailing Address 818 POST ROAD MADISON, WI 53713



03022005 No Chg-P CR2E034 (10/03)

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4. FCI Number
39-1656872

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEETZ, BRUCE
885A TALLEVAST RD
SARASOTA, FL 34243

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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: Bruce L Sheetz Bruce L Sheetz VP 3/21/05

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	PT
NAME	MILLER, GARY
STREET ADDRESS	2105 BAY DRIVE NORTH
CITY ST ZIP	BRADENTON BEACH, FL 34217
TITLE	VSD
NAME	SHEETZ, BRUCE
STREET ADDRESS	4740 COMPASS DRIVE
CITY ST ZIP	BRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/23/05-80606-021 150.00

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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)(c), 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 007, 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: Bruce L Sheetz Bruce L Sheetz VP 3/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR