

**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

% THOMAS P. JOHANNING  
1735 APEX ROAD  
SARASOTA, FL 34240

Mailing Address

% THOMAS P. JOHANNING  
1735 APEX ROAD  
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 ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 CAPE DR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000179649  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #