

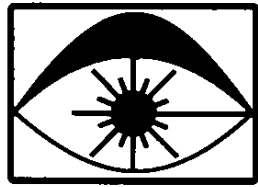
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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 Agents signature required when re-registering) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCRAE, THOMAS G.		NAME		
STREET ADDRESS	2751 RYAN BLVD		STREET ADDRESS		
CITY- ST- ZIP	PUNTA GORDA FL 33950		CITY- ST- ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCRAE, SUSAN G.		NAME		
STREET ADDRESS	2751 RYAN BLVD		STREET ADDRESS		
CITY- ST- ZIP	PUNTA GORDA FL 33950		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GELDERD, JOHN B.		NAME		
STREET ADDRESS	5252 ENCHANTED OAKS DRIVE		STREET ADDRESS		
CITY- ST- ZIP	COLEGE STATION TX 77845		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KILLINGER, DENNIS K.		NAME		
STREET ADDRESS	6819 BLUFFS BLVD.		STREET ADDRESS		
CITY- ST- ZIP	TEMPLE TERRACE FL 33617		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BURRER, GORDON J.		NAME		
STREET ADDRESS	5 WAYLAND HILLS RD.		STREET ADDRESS		
CITY- ST- ZIP	WAYLAND MA 01778		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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><i>Susan G. McRae</i></u>			Date: <u>8-1-05</u>		Daytime Phone: <u>941-639-3533</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KILLINGER, DENNIS K.
6819 BLUFFS BLVD.
TEMPLE TERRACE FL 33617 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
PL 8-1-05
C 9/99

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 #