

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L30987

FILED
Apr 06, 2009
Secretary of State

Entity Name: LASER ACTION PLUS, INC.

Current Principal Place of Business:

1228 S.W. 15TH AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1228 S.W. 15TH AVENUE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 65-0154413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOR, CARMEL M
10401 NW 60TH AVENUE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONNOR, CARMEL M
Address: 10401 NW 60TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: CONNOR, DAVID L
Address: 10401 NW 60TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CONNOR, CARMEL M
Address: 10401 NW 60TH AVENUE
City-St-Zip: OCALA, FL 34482 US

Title: D (X) Change () Addition
Name: CONNOR, DAVID L
Address: 10401 NW 60TH AVENUE
City-St-Zip: OCALA, FL 34482 US

Title: VPD () Change (X) Addition
Name: MILLER, AMANDA B
Address: 1228 S.W. 15TH AVENUE
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEL M. CONNOR

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date