

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90060 017 ****61.50

DOCUMENT # N45939

1. Entity Name
LASER-INDUCED DAMAGE CONFERENCE, INC.



Principal Place of Business
% ART GUENTHER
989 LYNX LOOP NE
ALBUQUERQUE, NM 87122-1313 US

Mailing Address
% ART GUENTHER
989 LYNX LOOP NE
ALBUQUERQUE, NM 87122-1313 US



03112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3086668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOILEAU, M. J
100 TUSKARVELLA RD
WINTER SPRINGS, FL 32708

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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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GUENTHER, ARTHUR H
STREET ADDRESS 989 LYNX LOOP, NE
CITY-ST-ZIP ALBUQUERQUE, NM 871221313

TITLE D
NAME SOILEAU, M J
STREET ADDRESS 100 TUSKARVELLA
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D
NAME STOLTZ, CHRISTOPHER
STREET ADDRESS PO BOX 808-L487
CITY-ST-ZIP LIVERMORE, CA L487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 617, 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

ARTHUR H. GUENTHER

Date

Daytime Phone #

3/19/05 (505) 856-1522