

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90068 048 ***150.00

DOCUMENT # P00000017290

1. Entity Name
LAEL TECHNOLOGIES, INC.



Principal Place of Business
**15215 CAPE DRIVE NORTH
JACKSONVILLE, FL 32226**

Mailing Address
**15215 CAPE DRIVE NORTH
JACKSONVILLE, FL 32226**

94007152



2. Principal Place of Business

3. Mailing Address

804 New Berlin Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

Jax, Fla.

4. FEI Number

59-3624284

Applied For

Not Applicable

Zip

Country

Zip

Country

32218

DUAL

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

**EDDINS, KITTEN
9954 ARNOLD ROAD
JACKSONVILLE, FL 32246**

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 reinsisting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 **PD** ☐ Delete
NAME **COFFEL, JAMES BRADLEY**
STREET ADDRESS **15215 CAPE DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE **PD** ☒ Change ☐ Addition
NAME **COFFEL, JAMES BRADLEY**
STREET ADDRESS **804 New Berlin Rd**
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **STD** ☒ Delete
NAME **COFFEL, MISHELL**
STREET ADDRESS **15215 CAPE DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. Coffel

Date

Daytime Phone #

1-22-04