

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90042 018 ***150.00

DOCUMENT # P03000101192

1. Entity Name
LAPTECH, INC.



Principal Place of Business
11215 ST. JOHNS INDUSTRIAL PKWY. N.
SUITE 16
JACKSONVILLE, FL 32246

Mailing Address
11215 ST. JOHNS INDUSTRIAL PKWY. N.
SUITE 16
JACKSONVILLE, FL 32246

94028433



2. Principal Place of Business

4766 Marsh Hammock Dr E
Suite, Apt. #, etc.

3. Mailing Address

4766 Marsh Hammock Dr E
Suite, Apt. #, etc.

02242004 Chg-P CR2E034 (10/03)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

65-1204233

Applied For

Not Applicable

Zip

32224

Country

Zip

32224

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOKO HEAD, P.A.
9309 OLD KINGS ROAD S.
SUITE 4
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

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 \$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

TITLE PTD ☐ Delete
NAME MICHAEL, PROSEK
STREET ADDRESS 11215 ST. JOHNS INDUSTRIAL PKWY N., STE 16
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VPSD ☐ Delete
NAME THOMAS, MCINTOSH
STREET ADDRESS 11215 ST. JOHNS INDUSTRIAL PKWY N., STE 16
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4766 Marsh Hammock Dr. E.
CITY-ST-ZIP Jacksonville FL 32224

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4766 Marsh Hammock Dr. E.
CITY-ST-ZIP Jacksonville FL 32224

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

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

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

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 all other like empowered.

SIGNATURE: Michael Prosek MICHAEL PROSEK 4-11-04 904-613-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #