

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000436557

1. Entity Name
ACCUBEAM LASER MARKING INC.



Principal Place of Business
**1735 APEX RD
SARASOTA, FL 34240**

Mailing Address
**1735 APEX RD
SARASOTA, FL 34240**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0614101	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHANNING, THOMAS P
1735 APEX RD
SARASOTA, FL 34240**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000784454
01/16/08-80056-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHANNING, THOMAS P
STREET ADDRESS	6407 JACKIE LYNN CT.
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	V
NAME	JOHANNING, THOMAS P
STREET ADDRESS	6407 JACKIE LYNN CT.
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	S
NAME	DAVENPORT, JACKIE
STREET ADDRESS	1220 FRASER PINE BLVD.
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	T
NAME	JOHANNING, THOMAS M
STREET ADDRESS	2438 ICECAPADE DR
CITY-ST-ZIP	SARASOTA, FL 34240

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08
Date

941-371-2104
Daytime Phone #