
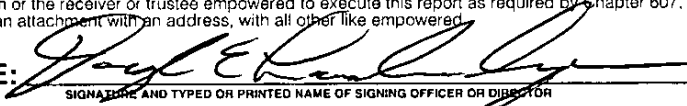


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90467 009 ***150.00

DOCUMENT # P04000082595					
1. Entity Name LAUDENSLAGER ASSOCIATES, INC.					
Principal Place of Business 435 MAHON DRIVE VENICE, FL 34285			Mailing Address 435 MAHON DRIVE VENICE, FL 34285		
2. Principal Place of Business 1020 DELACROIX CIR		3. Mailing Address 1020 DELACROIX CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NOKOMIS FL		City & State NOKOMIS FL		4. FEI Number 20-1160110	
Zip 34275		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34275		Country		6. Name and Address of Current Registered Agent LAUDENSLAGER, JOHN P 1029 DELACROIX CIRCLE NOKOMIS, FL 34275	
City FL		7. Name and Address of New Registered Agent			
Zip Code		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME LAUDENSLAGER, DOUGLAS E		TITLE 1020 DELACROIX CIR		
	STREET ADDRESS 435 MAHON DRIVE		NAME NOKOMIS FL		
	CITY-ST-ZIP VENICE, FL 34285		CITY-ST-ZIP 34275		
TITLE TRES	NAME LAUDENSLAGER, ALLISON M		TITLE 1020 DELACROIX CIR		
	STREET ADDRESS 435 MAHON DRIVE		NAME NOKOMIS FL		
	CITY-ST-ZIP VENICE, FL 34285		CITY-ST-ZIP 34275		
TITLE	NAME		TITLE		
STREET ADDRESS	STREET ADDRESS		NAME		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	NAME		TITLE		
STREET ADDRESS	STREET ADDRESS		NAME		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	NAME		TITLE		
STREET ADDRESS	STREET ADDRESS		NAME		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	NAME		TITLE		
STREET ADDRESS	STREET ADDRESS		NAME		
CITY-ST-ZIP	CITY-ST-ZIP		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: 			4/27/05		941-480-9076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
Douglas E. Laudenslager, President					