


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90020 026 \*\*\*158.75

<b>DOCUMENT # P04000117801</b> 1. Entity Name <b>LAIRD ENTERPRISES, INC.</b>					
Principal Place of Business <b>285 ROYAL PALM WAY</b> <b>BOCA RATON, FL 33432 US</b>			Mailing Address <b>285 ROYAL PALM WAY</b> <b>BOCA RATON, FL 33432 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>20-1613520</b>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>LAIRD, THOMAS L</b> <b>285 ROYAL PALM WAY</b> <b>BOCA RATON, FL 33432</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAIRD, THOMAS L <input type="checkbox"/> Delete 285 ROYAL PALM WAY BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAIRD, THOMAS L <input type="checkbox"/> Delete 285 ROYAL PALM WAY BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LAIRD, THOMAS L <input type="checkbox"/> Delete 285 ROYAL PALM WAY BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LAIRD, THOMAS L <input type="checkbox"/> Delete 285 ROYAL PALM WAY BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE: Thomas L. Laird THOMAS L LAIRD</b> <b>1/11/05</b> <b>561-479-9169</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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