2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000071540

1. Entity Name
LASER TECH OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
400 S FAIRFIELD DRIVE STE. A PENSACOLA, FL 32506 US	400 S FAIRFIELD DRIVE STE. A PENSACOLA, FL 32506 US

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3209527	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LACONTE, THOMAS J JR
11440 HAVBURG DR.
PENSACOLA, FL 32506

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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 _____ Thomas J Laconte _____   3/4/2004
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

U00000089909
03/16/04-80007-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LACONTE, THOMAS J JR
STREET ADDRESS	11440 HAVBURG DR.
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D
NAME	LACONTE, GINGER L
STREET ADDRESS	11440 HAVBURG DR.
CITY-ST-ZIP	PENSACOLA, FL 32506

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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: _____ Thomas J Laconte Sr _____   3/4/2004   850455 7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #