

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000077292

Entity Name: LASER REPROGRAPHICS, INC.

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4918 CHERRY LAUREL WAY  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

4918 CHERRY LAUREL WAY  
SARASOTA, FL 34241

**New Mailing Address:**

FEI Number: 59-3341199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEFF, LIGON K  
4918 CHERRY LAUREL WAY  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LIGON, JEFF K  
Address: 4918 CHERRY LAUREL WAY  
City-St-Zip: SARASOTA, FL 34241

Title: D  
Name: LIGON, PAGE C  
Address: 4918 CHERRY LAUREL WAY  
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF LIGON

D

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date