

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000095346

1. Entry Name
LASER EXPRESS REMANUFACTURING, INC.



Principal Place of Business
**295 NORTH DR.
SUITE F
MELBOURNE, FL 32934 US**

Mailing Address
**295 NORTH DR.
SUITE F
MELBOURNE, FL 32934 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3413006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRICE, FRANKLIN A
295 NORTH DR.
SUITE F
MELBOURNE, FL 32934**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000030320
02/04/04-80104-018-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, FRANKLIN A 295 NORTH DR., SUITE F MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKARD, GREGORY J 295 NORTH DR., SUITE F MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKARD, KELLY R 295 NORTH DR., SUITE F MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

Kelly Burkard

Kelly Burkard

01/30/2004

321-2427881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #