

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000095346

1. Entity 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**



02142005 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/26/05-80023-010 150.00

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-05

Date

321-242-7881

Daytime Phone #