


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 009 ***150.00

DOCUMENT # P99000021017		
1. Entity Name LAMINATION STATION, INC.		

Principal Place of Business 419 NE 3RD AVE CAPE CORAL, FL 33909 US	Mailing Address P O DRAWER 60205 FT MYERS, FL 33906
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country




01162008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0903261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907	7. Name and Address of New Registered Agent Name JOHN M. WICKER, P.A. Street 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City Zip Code
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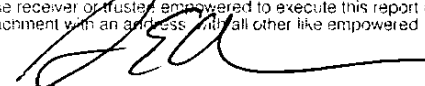
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when relocating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALLEN, SPENCER E 2224 W 50TH ST. CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Spencer E. Allen 2/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date