


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 654524</b> 1. Entity Name IDEAL OPTICAL, INC.	
---	---

Principal Place of Business IDEAL OPTICAL INC. 6873 A NORTH 9TH AVE. PENSACOLA FL 32504 US	Mailing Address 6873 A NORTH 9TH AVE. PENSACOLA FL 32504 US
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc	Suite, Apt #, etc.
--------------------	--------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent		4. FEI Number <b>59-1977762</b>		Applied For <input type="checkbox"/> Not Applicable
---	--	------------------------------------	--	--

PUTMAN, FRED L. 6873 A NORTH 9TH PENSACOLA FL 32504		7. Name and Address of New Registered Agent		
Name		Street Address (P.O. Box Number is Not Acceptable)		
City		FL	Zip Code	

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTMAN, TERRY A.			NAME			
STREET ADDRESS	6873 A NORTH, 9TH AVE.			STREET ADDRESS	U00000059845		
CITY-ST-ZIP	PENSACOLA FL 32504			CITY-ST-ZIP	02/23/04-80015-025 150.00		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTMAN, BRENDA			NAME			
STREET ADDRESS	6873 A NORTH, 9TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, JOE			NAME			
STREET ADDRESS	832 CREIGHTON RD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUTMAN, FRED L			NAME			
STREET ADDRESS	6873 A NORTH, 9TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Fred L. Putman FRED L. PUTMAN 2/18/2004 850-477-0582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #