


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90019 011 \*\*\*150.00

**DOCUMENT # H01040**  
 1. Entity Name  
**INVERRARY OPTICAL, INC.**




Principal Place of Business Mailing Address  
**INVERRARY OPTICAL, INC.**  
**1800 N FEDERAL HWY STE 107**  
**POMPANO BEACH FL 33062**  
**US**

2. Principal Place of Business 3. Mailing Address  
*INVERRARY OPTICAL INC*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*2000 N. FEDERAL HWY 100 SUITE 100* *2000 N. FEDERAL HWY STE 100*

City & State City & State  
*POMPANO BEACH FL.* *POMPANO BEACH FL.*

Zip Country Zip Country  
*33062 BROWARD* *33062 BROWARD*

**0101470**



MOORE CR2E034 (11/03)

4. FEI Number **59-2402550** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOULD, LAWRENCE M.**  
**1614 SE 5TH COURT**  
**DEERFIELD BEACH FL 33441**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	GOULD, LAWRENCE M.
STREET ADDRESS	10130 N.W. 58 ST 1614 S.E. 5TH CT
CITY-ST-ZIP	CORAL SPRINGS FL 33076 DEERFIELD BEACH FL 33441
TITLE	VD <input type="checkbox"/> Delete
NAME	GOULD, CYNTHIA C.
STREET ADDRESS	10130 NW 58 ST 1614 S.E. 5TH CT
CITY-ST-ZIP	CORAL SPRINGS FL 33076 DEERFIELD BEACH FL 33441
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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:** \_\_\_\_\_ *1/21/04 954-942-7717*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #