

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94535

FILED  
Jan 09, 2012  
Secretary of State

Entity Name: DML OPTICAL, INC.

**Current Principal Place of Business:**

3435 49TH ST N  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

3435 49TH ST. NORTH  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

FEI Number: 59-2846714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROOKE, WILLIAM J  
4701 CENTRAL AVE.  
SUITE C  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: FLOOD, LYNDIA K.  
Address: 3435 49TH ST N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D  
Name: KONCZAL, SUSAN M.  
Address: 3435 49TH ST N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D  
Name: KONCZAL, JOSEPHINE  
Address: 3435 49TH ST N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPHINE KONCZAL

D

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date