

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000081241 1. Entity Name BRIDGES OPTICAL, INC.	
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Principal Place of Business 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	Mailing Address 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805
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02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3211968	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRIDGES, MARK 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805
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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: <u>Mark J. Bridges</u> <u>MARK J. BRIDGES PRESIDENT</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<u>2/25/04</u> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	900000073310 04/02/04-810131-0004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIDGES, MARK 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805
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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: <u>Mark J. Bridges</u> <u>MARK J. BRIDGES PRESIDENT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>2/25/04 (803) 6823226</u> Date Daytime Phone #