


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000090590

1. Entity Name
HYATT OPTICAL, INC.



Principal Place of Business 6800 GULFPORT BLVD SO STE 219 ST PETERSBURG, FL 33707 US	Mailing Address 6800 GULFPORT BLVD SO STE 219 ST PETERBURG, FL 33707 US
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07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3439000** Applied For Not Applied For

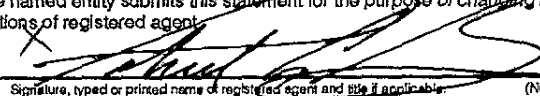
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRYAN, ROGER Robert A.
6800 GULFPORT BLVD SO
STE 219
ST PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

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  DATE **7-12-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

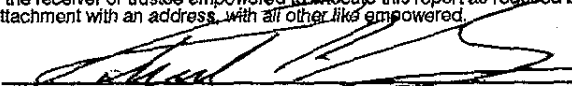
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, AMY 5404 ALOHA DRIVE ST PETERSBURG BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, ROBERT A 6800 GULFPORT BLVD S #219 SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000166195
 07/14/04-80007-009 550.00

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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:  DATE **7-12-04** (727) 344-270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR