

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90042 012 ***150.00

DOCUMENT # J28326	
1. Entity Name BRANIGAN OPTICAL, INC.	

Principal Place of Business 70 ROYAL PALM BOULEVARD <i>POINTE</i> SUITE C VERO BEACH, FL 32960	Mailing Address 70 ROYAL PALM BOULEVARD <i>POINTE</i> SUITE C VERO BEACH, FL 32960
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2. Principal Place of Business		3. Mailing Address		03142006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2716896	Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent GARRIS, CHARLES E. 819 BEACHLAND BOULEVARD VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name <i>E.S. BRANIGAN, III</i> Street Address (P.O. Box Number is Not Acceptable) <i>70 ROYAL PALM BLVD</i> <i>SUITE C</i> City <i>VERO BEACH</i> FL Zip Code <i>32960</i>	
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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 *Christina Branigan* (NOTE: Registered Agent signature required when reinstating) DATE *3/17/06*

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRANIGAN, EDWARD S., III 70 ROYAL PALM BLVD. SUITE C VERO BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANIGAN, CHRISTINA A. 70 ROYAL PALM BLVD, SUITE C VERO BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 line empowered.

SIGNATURE: *Christina Branigan* DATE *3/17/06* (772) 569-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #