


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 358744</b> 1. Entity Name <b>SAFE-LITE OPTICAL CO., INC.</b>	
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Principal Place of Business <b>2229 VINSON LANE JACKSONVILLE, FL 32207</b>	Mailing Address <b>P.O. BOX 48250 JACKSONVILLE, FL 32247</b>
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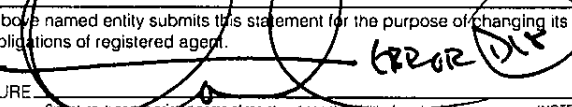
04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1284177</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STOKES, DEBORAH L 11859 ACOSTA RD JACKSONVILLE, FL 32223</b>
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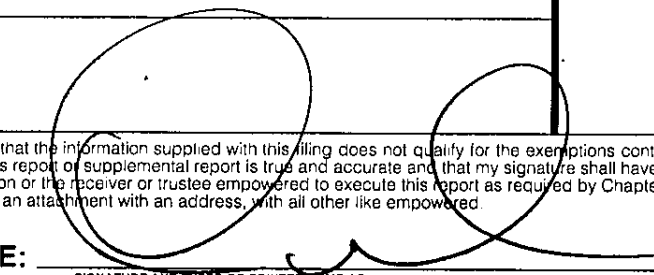
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  <b>SIGNATURE</b>  <b>6/20/08 DLS</b> <small>Signature, type or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>4/10/08 6/20/08 DLS</b> <small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES STOKES, KAREN D 652 HUMMINGBIRD COURT JACKSONVILLE, FL 32259</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS STOKES, GERVAISE 3500 COASTAL HIGHWAY SAINT AUGUSTINE, FL 32084</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP STOKES, DEBORAH L 11859 ACOSTA RD. JACKSONVILLE, FL 32223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/08-80085-004 150.00

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 of 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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/10/08 (9.4) 3493690</b> <small>Date Daytime Phone</small>
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