2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 372580

1. Entity Name
THE OPTICAL SHOP OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
1717 NORTH E STREET #206 PENSACOLA FLA, 32505-6046	404 NORTH SUNSET BLVD GULF BREEZE, FL 32561-4060 US-

DO NOT WRITE IN THIS SPACE

02082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1307876	Not Applicable

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

6. Name and Address of Current Registered Agent

HERRON,MARY L
1717 N. "E" STREET
PENSACOLA, FL 32501

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERRON, MARY L.
STREET ADDRESS	404 NORTH SUNSET BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32561

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000863091
04/03/08-80078-001 150.00

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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 like empowered.

SIGNATURE: _Mary L. Herron_   MAry L. Herron   3/18/08   850-932-5966