

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90682 026 ***150.00

DOCUMENT # 399179

1. Entity Name

D & E OPTICAL, INC.



Principal Place of Business
**2200 16 STREET NORTH
ST PETERSBURG FL 33704
US**

Mailing Address
**P O BOX 76416
ST PETERSBURG FL 33734-416
US**

94051049



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1397825**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOTT, DONALD G
1170 44TH AVE. NE
ST PETERSBURG FL 33703**

Name **PAMELA E. ELLIOTT**
Street Address (P.O. Box Number is Not Acceptable)
1170 44TH. AVE. N.E.
ST. PETERSBURG FL 33703
City **ST. PETERSBURG** **FL** Zip Code **33703**

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 *Pamela E Elliott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/07/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **ELLIOTT, DONALD G**
STREET ADDRESS **2200 16 STREET NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ELLIOTT, PAMELA**
STREET ADDRESS **2200 16 STREET NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **PRES. /DIRECTOR** ☒ Change ☐ Addition
NAME **ELLIOTT, PAMELA**
STREET ADDRESS **2200 16TH. ST. NO.**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pamela E Elliott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/04 *727 823-3334*
Date Daytime Phone #