


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90040 016 \*\*\*150.00

<b>DOCUMENT # 399179</b>	
1. Entity Name <b>D &amp; E OPTICAL, INC.</b>	

Principal Place of Business <b>2200 16 STREET NORTH ST PETERSBURG, FL 33704 US</b>	Mailing Address <b>P O BOX 76416 ST PETERSBURG, FL 33734-416 US</b>
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**50016085**



2. Principal Place of Business <b>1170 44TH. AVE. N.E.</b>	3. Mailing Address <b>1170 44TH. AVE. N.E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02022005 Chg-P CR2E034 (10/03)

City & State <b>ST. PETERSBURG FL 33703</b>	City & State <b>ST. PETERSBURG FL</b>
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4. FEI Number <b>59-1397825</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33707</b>	Country	Zip <b>33703</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ELLIOTT, PAMELA E 1170 44TH AVE. NE SAINT PETERSBURG, FL 33703</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	PD ELLIOTT, PAMELA 2200 16 STREET NORTH SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELLIOTT, PAMELA 1170 44TH. AVE. N.E. ST. PETERSBURG FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 PAMELA E. ELLIOTT 2/09/05 722 896-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #