

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 551468

1. Entity Name
LAKE WALES OPTICAL LAB, INC.



Principal Place of Business

**441 ELEVENTH STREET
LAKE WALES, FL 33853**

Mailing Address

**441 ELEVENTH STREET
LAKE WALES, FL 33853**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. H/I Number
59-1772720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALUD, VIOLETA B.
ONE WEST CENTRAL AVENUE
SUITE 103
LAKE WALES, FL 33853**

**DO NOT WRITE
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, typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **SALUD, EUSEBIO G. JR**
STREET ADDRESS **441 ELEVENTH STREET**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ST
NAME **SALUD, VIOLETA B.**
STREET ADDRESS **441 ELEVENTH STREET**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000281268
03/30/05-80055-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-05

Date

863-676-1515

Daytime Phone #