## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 596618**

City-St-Zip:

OLDSMAR, FL

FILED Apr 05, 2004 Secretary of State

**Entity Name: BRYSEN OPTICAL CORPORATION Current Principal Place of Business: New Principal Place of Business:** 946 MAIN ST SAFETY HARBOR, FL 34695 **Current Mailing Address: New Mailing Address:** 946 MAIN ST SAFETY HARBOR, FL 34695 FEI Number: 59-1864771 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOROTA, JOSEPH J JR COSTAL BUILDING, STE. 504 28100 U.S. HWY. 19 NORTH CLEARWATER FL., FL 34621 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition STRICKLAND, WILLIAM, P Name: Name: 1705 HUNTINGTON CT Address: Address: City-St-Zip: SAFETY HARBOR, FL City-St-Zip: Title: Title: () Delete () Change () Addition STRICKLAND, ELLEN F, Name: Name: 1705 HUNTINGTON CT Address: Address: SAFETY HARBOR, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition STRICKLAND, WILLIAM B Name: STRICKLAND, WILLIAM B Name: 215 TURTLE CREEK CIRCLE 215 TURTLE CREEK CIRCLE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

OLDSMAR, FL

SIGNATURE: WILLIAM B. STRICKLAND VP 04/05/2004