## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 28, 2008 8:00 am Secretary of State **DOCUMENT # 665844** 1. Entity Name 02-28-2008 90004 007 \*\*\*150 00 SMITH OPTICAL BOUTIQUE, INC. Principal Place of Business Mailing Address 635 N GRANDVIEW AVE 635 N GRANDVIEW AVE DAYTON BCH FL 32118 DAYTON BCH FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Scite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1893791 Not Applicable $Z_{ID}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Smith Optical Soutique, Inc. Erhard Runte BOOTH, CHARLES R. Street Address (P.O. Box Number is Not Acceptable) 163 E. Int'l Speedway Blvd 512 MAIN ST. DAYTONA BEACH FL 32118 Daytona Beach, FL 32118 Daytona Beach 8. The above named entity supprifs this seatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registere Feb ....18, 2008 ed agent and the flanciscopie. (NOTE: Fedistried Addrs signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deiete TITLE Addition President NAME RUNTE, ERHARD NAME STREET ADDRESS 635 N GRANDVIEW AVE. Erhard Runte STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP 163 E. Int'l Speedway Daytona Beach , FL 32118 TITLE Delete Change Change ☐ Addition RUNTE, GISELA NAME NAME Secretary Gisela Runte STREET ADDRESS 635 N GRANDVIEW AVE. STREET ADDRESS 163 E. Int'l Speedway OITY-31-7F DAYTONA BEACH FL CHY-ST-ZIP Daytona Beach, FL 32118 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIFLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z₽ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 agrees, with all other like empowered.

FILED

02/18/2008 Daysine Frone #