


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F00120 1. Entity Name DUNDEE OPTICALS, INC.	
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Principal Place of Business 100 N. INDIAN ROCKS ROAD LARGO, FL 33770	Mailing Address 100 N. INDIAN ROCKS ROAD LARGO, FL 33770
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2028405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAYMOND, J. PAUL 400 CLEVELAND ST. CLEARWATER, FL 34615	DO NOT WRITE IN THIS SPACE
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B. 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.

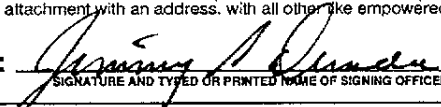
SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when contesting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000021021 01/29/04-80092-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD DUNDEE, JIMMY S. 2510 ROLLING VIEW DRIVE DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD DUNDEE, CATHERINE V. 2510 ROLLING VIEW DRIVE DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	AS RAYMOND, J. PAUL 400 CLEVELAND ST. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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:  **1/24/04 727 584 0730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #