

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000001463

1. Entity Name
KENMARK OPTICAL, INC.



Principal Place of Business
11851 PLANTSIDE DRIVE
LOUISVILLE, KY 40299-6329

Mailing Address
11851 PLANTSIDE DRIVE
LOUISVILLE, KY 40299-6329



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0999919

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	P
NAME	HOWARD, DON
STREET ADDRESS	11851 PLANTSIDE DRIVE
CITY-ST-ZIP	LOUISVILLE, KY 40299
TITLE	V
NAME	KARL, JONATHAN
STREET ADDRESS	11851 PLANTSIDE DRIVE
CITY-ST-ZIP	LOUISVILLE, KY 40299
TITLE	ST
NAME	GEIGER, STEPHEN
STREET ADDRESS	11851 PLANTSIDE DRIVE
CITY-ST-ZIP	LOUISVILLE, KY 40299
TITLE	CD
NAME	KERMAN, MARK
STREET ADDRESS	11851 PLANTSIDE DRIVE
CITY-ST-ZIP	LOUISVILLE, KY 40299
TITLE	V
NAME	CUNDIFF, MIKE
STREET ADDRESS	11851 PLANTSIDE DRIVE
CITY-ST-ZIP	LOUISVILLE, KY 40299
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000177583
01/11/05-80050-024 150.00

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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:

Stephen Geiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05
Date

Daytime Phone #