

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003317

FILED
Mar 24, 2006
Secretary of State

Entity Name: STATE OPTICAL COMPANY OF MD. INC.

Current Principal Place of Business:

6089 JOHNS RD
SUITE 9-10
TAMPA, FL 33634

New Principal Place of Business:

640 BROOKER CREEK BLVD
#435
OLDSMAR, FL 34677

Current Mailing Address:

6089 JOHNS RD
SUITE 9-10
TAMPA, FL 33634

New Mailing Address:

640 BROOKER CREEK BLVD
#435
OLDSMAR, FL 34677

FEI Number: 52-0695318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWARTZ, CHERYL
6089 JOHNS ROAD
SUITE 9-10
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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:

Title: C () Delete
Name: SWARTZ, HOWARD
Address: 6089 JOHNS RD., STE. 9-10
City-St-Zip: TAMPA, FL 33634

Title: VC () Delete
Name: SWARTZ, CHERYL
Address: 6089 JOHNS RD., STE. 9-10
City-St-Zip: TAMPA, FL 33634

Title: P (X) Delete
Name: SWARTZ, CHERYL
Address: 6089 JOHNS RD SUITE 9-10
City-St-Zip: TAMPA, FL 33634

Title: S (X) Delete
Name: SWARTZ, HOWARD
Address: 6089 JOHNS RD SUITE 9-10
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change () Addition
Name: SWARTZ, HOWARD
Address: 640 BROOKER CREEK BLVD #435
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM (X) Change () Addition
Name: SWARTZ, CHERYL
Address: 640 BROOKER CREEK BLVD #435
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: CHERYL SWARTZ

MGRM

03/24/2006

Electronic Signature of Signing Officer or Director

Date