


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # G20148 1. Entity Name SUN HILL OPTICAL CORPORATION	
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Principal Place of Business 1647 SUNCITY CENTER PLAZA CENTER PLAZA BLDG., SUITE 203-B SUN CITY CENTER, FL 33573 US	Mailing Address 1647 SUNCITY CENTER PLAZA CENTER PLAZA BLVD., SUITE 203-B SUN CITY CENTER, FL 33573 US
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2334951	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 FINNEGAN, MARY RITA 322 HOLLOW TREE DRIE SEFFNER, FL 33584	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FINNEGAN, MARY RITA 322 HOLLOWTREE DR. SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINNEGAN, MICHAEL FRANCIS 739 ISLETON DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINNEGAN, FRANK ANTHONY 322 HOLLOWTREE DR. SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/05-80040-002 150.00

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)(i), 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:  VP, Frank Finnegan 1/29/05 (813) 672-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #