


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 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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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2334951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

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: *Mary Rita Finnegan* 2-5-07  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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
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000000630060  
02/19/07-80024-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mary Rita Finnegan* 2-5-07 813-653-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #