

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20148

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SUN HILL OPTICAL CORPORATION

**Current Principal Place of Business:**

1647 SUNCITY CENTER PLAZA  
CENTER PLAZA BLDG., SUITE 203-B  
SUN CITY CENTER, FL 33573 US

**New Principal Place of Business:**

**Current Mailing Address:**

1647 SUNCITY CENTER PLAZA  
CENTER PLAZA BLVD., SUITE 203-B  
SUN CITY CENTER, FL 33573 US

**New Mailing Address:**

FEI Number: 59-2334951      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINNEGAN, MARY RITA  
322 HOLLOW TREE DRIE  
SEFFNER, FL 33584 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: DP ( ) Delete  
Name: FINNEGAN, MARY RITA  
Address: 322 HOLLOWTREE DR.  
City-St-Zip: SEFFNER, FL

Title: VP ( ) Delete  
Name: FINNEGAN, MICHAEL FRANCIS  
Address: 739 ISLETON DR  
City-St-Zip: BRANDON, FL

Title: VP ( ) Delete  
Name: FINNEGAN, FRANK ANTHONY  
Address: 322 HOLLOWTREE DR.  
City-St-Zip: SEFFNER, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: MARY RITA FINNEGAN

DP

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date