

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

|                                                     |                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # G20482</b>                            |  |
| 1. Entity Name<br><b>CLEAR VISION OPTICAL, INC.</b> |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>12991 CORTEZ BLVD<br/>BROOKSVILLE FL 34613<br/>US</b> | Mailing Address<br><b>12991 CORTEZ BLVD<br/>BROOKSVILLE FL 34613<br/>US</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 1st MOORE                                                 | CR2E034 (10/07)                                        |
| 4. FEI Number<br><b>59-2263090</b>                        | Applied For<br><input type="checkbox"/> 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                       |  |
| <b>ELSEBOUGH, DAVID<br/>4191 CAMELIA DR.<br/>SPRING HILL FL 34607</b> |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | Zip Code |

|                                                                                                                                                                                                                               |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 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 |

|                                                                                                                                                 |                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

|                            |                          |                                 |  |                                                       |  |                                                                   |  |
|----------------------------|--------------------------|---------------------------------|--|-------------------------------------------------------|--|-------------------------------------------------------------------|--|
| 10. OFFICERS AND DIRECTORS |                          |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                                                   |  |
| TITLE                      | PTD                      | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ELSEBOUGH, DAVID CHARLES |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             | 4191 CAMELIA DR.         |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                | SPRING HILL FL 34607     |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      | SV                       | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ELSEBOUGH, DEBORAH SUSAN |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             | 4191 CAMELIA DR.         |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                | SPRING HILL FL           |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      |                          | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             |                          |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                |                          |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      |                          | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             |                          |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                |                          |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      |                          | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             |                          |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                |                          |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |
| TITLE                      |                          | <input type="checkbox"/> Delete |  | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          |                                 |  | NAME                                                  |  |                                                                   |  |
| STREET ADDRESS             |                          |                                 |  | STREET ADDRESS                                        |  |                                                                   |  |
| CITY-ST-ZIP                |                          |                                 |  | CITY-ST-ZIP                                           |  |                                                                   |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |
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|                                                                                                |                       |
|------------------------------------------------------------------------------------------------|-----------------------|
| SIGNATURE:  | 3/4/08 (352) 596-6769 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                       |