


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90074 035 \*\*\*150.00

<b>DOCUMENT # G65675</b>	
1. Entity Name <b>DAVIS OPTICAL CO., INC.</b>	

Principal Place of Business <b>602 S DALE MABRY WAY TAMPA FL 33609</b>	Mailing Address <b>602 S DALE MABRY WAY TAMPA FL 33609</b>
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2. Principal Place of Business <b>363 Cruisers Drive</b>	3. Mailing Address <b>363 Cruisers Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Polk City, FL</b>	City & State <b>Polk City, FL</b>
Zip <b>33868-5128</b>	Country <b>Polk</b>

4. FEI Number <b>59-2398606</b>	Applied For <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>SNYDER, WILLIAM N., SR. 602 S DALE MABRY HWY TAMPA FL 33609</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>363 Cruisers Dr.</b>
City	<b>Polk City</b>
State	<b>FL</b>
Zip Code	<b>33868</b>

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 <i>Lynda D. Snyder</i> Signature, typed or printed name of registered agent and title if applicable.	<b>LYNDA D. SNYDER, V. PRES</b> (NOTE: Registered Agent signature required when reinstating)
	<b>4-7-04</b> DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SNYDER, WILLIAM N 602 S DALE MABRY HWY TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>363 Cruisers Dr. Polk City, FL 33868</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SNYDER, LYNDA D 602 S DALE MABRY HWY TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>363 Cruisers Dr. Polk City, FL 33868</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SNYDER, JANA-P 602 S DALE MABRY HWY TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>363 Cruisers Dr. Polk City, FL 33868</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Lynda D. Snyder</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>LYNDA D. SNYDER</b> Date <b>4-7-04</b> Daytime Phone # <b>843-984-2294</b>