2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# G65675

Entity Name: DAVIS OPTICAL CO., INC.

Current Principal Place of Business:

363 CRUISERS DRIVE
POLK CITY, FL 338685128

New Principal Place of Business:

360 CRUISERS DRIVE
POLK CITY, FL 338685128

Current Mailing Address:

363 CRUISERS DRIVE
POLK CITY, FL 338685128

New Mailing Address:

360 CRUISERS DRIVE
POLK CITY, FL 338685128

FEI Number: 59-2398606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, WILLIAM N., SR.
363 CRUISERS DRIVE
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

SNYDER, WILLIAM N., SR.
360 CRUISERS DR.
POLK CITY, FL 33868 US

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: 07/06/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SNYDER, WILLIAM N
Address: 363 CRUISERS DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: DVS ( ) Delete
Name: SNYDER, LYNDA D,
Address: 363 CRUISERS DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: DVT ( ) Delete
Name: SNYDER, JANA P
Address: 363 CRUISERS DRIVE
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SNYDER, WILLIAM N
Address: 360 CRUISERS DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: DVS (X) Change ( ) Addition
Name: SNYDER, LYNDA D,
Address: 360 CRUISERS DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: DVT (X) Change ( ) Addition
Name: SNYDER, JANA P
Address: 360 CRUISERS DRIVE
City-St-Zip: POLK CITY, FL 33868

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM N. SNYDER SR. PRES 07/06/2006
Electronic Signature of Signing Officer or Director — Date