

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# G89653

**FILED**  
**Nov 09, 2007**  
**Secretary of State**

**Entity Name:** TREASURE COAST OPTICIANS, INC.

**Current Principal Place of Business:**

TREASURE COAST OPTICIANS  
715 17TH STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

TREASURE COAST OPTICIANS  
715 17TH STREET  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 26-1383940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMYX OPTICAL INC.  
1701 SE TIFFANY AVE  
105  
PORT SAINT LUCIE, FL 34952 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

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: AMYX OPTICAL INC,  
Address: 1701 SE TIFFANY AVE STE 105  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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: DANIEL A. AMYX

PRES

11/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date