# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2012**
**Secretary of State**

DOCUMENT# G89653

**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:**

T C O / HILLMOOR OPTICAL
8958 SOUTH US HWY 1
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

705 S. 8TH STREET
FORT PIERCE, FL 34950

**FEI Number: 26-1383940** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

AMYX, DANIEL A VP
705 S 8TH STREET
FORT PIERCE, FL 34950 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: P
Name: AMYX, LARA A P
Address: 705 S. 8TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: VP
Name: AMYX, DANIEL A
Address: 705 S. 8TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: SEC
Name: WHEAT, LINDA
Address: 8958 SOUTH US HWY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: LARA AMYX PRES 04/28/2012

Electronic Signature of Signing Officer or Director Date