


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90019 011 ***150.00

DOCUMENT # H01040 1. Entity Name INVERRARY OPTICAL, INC.			
Principal Place of Business INVERRARY OPTICAL, INC. 1800 N FEDERAL HWY STE 107 POMPANO BEACH FL 33062 US		Mailing Address INVERRARY OPTICAL, INC. 1800 N FEDERAL HWY STE 107 POMPANO BEACH FL 33062 US	
2. Principal Place of Business INVERRARY OPTICAL INC Suite, Apt. #, etc. Suite 100 2000 N. FEDERAL Hwy 100		3. Mailing Address INVERRARY OPTICAL INC Suite, Apt. #, etc. Suite 100 2000 N. FEDERAL Hwy STE 100	
City & State POMPANO BEACH FL.		City & State POMPANO BEACH FL.	
Zip 33062		Country BROWARD	
Zip 33062		Country BROWARD	
6. Name and Address of Current Registered Agent GOULD, LAWRENCE M. 1614 SE 5TH COURT DEERFIELD BEACH FL 33441		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME GOULD, LAWRENCE M. STREET ADDRESS 10130 N.W. 58 ST CITY-ST-ZIP CORAL SPRINGS FL 33076	TITLE 1614 S.E. 5TH CT DEERFIELD BEACH FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD <input type="checkbox"/> Delete NAME GOULD, CYNTHIA C. STREET ADDRESS 10130 NW 58 ST CITY-ST-ZIP CORAL SPRINGS FL 33076	1614 S.E. 5TH CT DEERFIELD BEACH FL 33441	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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/21/04 954-942-7717 <small>Daytime Phone #</small>	