

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**3 Apr 19, 2005 8:00 am
Secretary of State**

03-24-2005 90027 029 ***150.00

DOCUMENT # H20444

1. Entity Name
F.W.B. OPTICAL LAB, INC.



Principal Place of Business
**50-C EGLIN PARKWAY
FT. WALTON BEACH, FL 32548**

Mailing Address
**50-C EGLIN PARKWAY
FT. WALTON BEACH, FL 32548**

66010011



DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2447435

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EDLUND, GEORGE D
50 C EGLIN PARKWAY
FT. WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EDLUND, GEORGE D
STREET ADDRESS P.O BOX 638
CITY-ST-ZIP FORT WALTON BEACH, FL 32549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE D. EDLUND, OD 13 APR 05

PRES.

Date

Daytime Phone #

850-244-5577