


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H42574</b> 1. Entity Name <b>BEVEL EDGE OPTICAL SERVICES, INC.</b>	
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Principal Place of Business <b>C/O PETER JEKIC 262 OLD ENGLEWOOD RD ENGLEWOOD, FL 34223</b>	Mailing Address <b>C/O PETER JEKIC 262 OLD ENGLEWOOD RD ENGLEWOOD, FL 34223</b>
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01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2515375</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**JEKIC, PETER  
262 OLD ENGLEWOOD RD  
ENGLEWOOD, FL 34223**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P JEKIC, PETAR 262 OLD ENGLEWOOD RD. ENGLEWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S JEKIC, MIRJANA 262 OLD ENGLEWOOD RD. ENGLEWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/23/08-80064-011 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Petar Jekic* **1-18-08** **941-474-4721**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #