

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J38266

1. Entity Name
ALPHA OPTICAL, INC.



FILED
Mar 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
2160 CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32308

Mailing Address
P.O. BOX 13029
TALLAHASSEE, FL 32317



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2726941

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, ISAAC
2160 CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32308

**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, 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 PD
NAME MOORE, ISAAC
STREET ADDRESS 3908 BOBBIN BROOK CIR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ST
NAME JETER, GLORIA M.
STREET ADDRESS 4522 GLENLEA COMMONS DR
CITY-ST-ZIP CHARLOTTE, NC 28217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/09/08-80079-015 150.00

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IN THIS SPACE**

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: Isaac Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 385-0033

Daytime Phone #