

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K87354**

1. Entity Name  
**BAY STREET OPTICAL, INC.**



Principal Place of Business  
**13830 NORTH U.S. HIGHWAY #1  
SEBASTIAN, FL 32958**

Mailing Address  
**13830 NORTH U.S. HIGHWAY #1  
SEBASTIAN, FL 32958**



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2948498**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRADY, VALERIE R.  
13830 NORTH U.S. HIGHWAY #1  
SEBASTIAN, FL 32958**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**DPS  
BRADY, VALERIE R.  
13830 N. U.S. HWY. #1  
SEBASTIAN, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BRADY, VALERIE R.  
13830 N. U.S. HWY. #1  
SEBASTIAN, FL**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

000000458182  
03/17/06-80034-010 150.00

**DO NOT WRITE  
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: Valerie Brady, Valerie Brady, President 3/1/06 772 589 6222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone