


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90006 024 ***150.00

DOCUMENT # L18007

1. Entity Name
ELLIOTT OPTICAL, INC.



Principal Place of Business Mailing Address
C/O PAUL ELLIOTT **C/O PAUL ELLIOTT**
423 U.S. HIGHWAY 27 NORTH **423 U.S. HIGHWAY 27 NORTH**
LAKE PLACID, FL 33852 **LAKE PLACID, FL 33852**

40030453



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
561 DAL HALL BLVD **561 DAL HALL BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02052007 Chg-P CR2E034 (12/06)

City & State City & State
LAKE PLACID, FL **LAKE PLACID, FL**
 Zip Country Zip Country
33852 US **33852 US**

4. FEI Number Applied For
59-2971864 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ELLIOTT, PAUL Name **PAUL ELLIOTT**
423 U.S. HIGHWAY 27 NORTH Street Address (P.O. Box Number is Not Acceptable)
LAKE PLACID, FL 33852 **561 DAL HALL BLVD.**
 City **LAKE PLACID** FL Zip Code **33852**

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 *Paul Elliott* DATE **2/6/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be Added to Fees
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIOTT, PAUL 423 U.S. HWY. 27 NORTH LAKE PLACID, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIOTT, PAUL 561 DAL HALL BLVD. LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ELLIOTT, THERESA 423 U.S. HWY. 27 NORTH LAKE PLACID, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ELLIOTT, THERESA 561 DAL HALL BLVD. LAKE PLACID, FL 33852 <input checked="" 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 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: *Paul E. Elliott* DATE **2/6/07** Daytime Phone # **863-465-1777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #