


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 23, 2008 08:00 AM  
Secretary of State**

DOCUMENT # L18007 1. Entity Name ELLIOTT OPTICAL, INC.	
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Principal Place of Business 561 DAL HALL BLVD. LAKE PLACID, FL 33852	Mailing Address 561 DAL HALL BLVD. LAKE PLACID, FL 33852
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05202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2971864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6: Name and Address of Current Registered Agent

ELLIOTT, PAUL  
561 DAL HALL BLVD.  
LAKE PLACID, FL 33852

**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 Paul E. Elliott Paul E. Elliott 5/20/08  
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  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIOTT, PAUL 561 DAL HALL BLVD. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ELLIOTT, THERESA 561 DAL HALL BLVD. LAKE PLACID, FL 33852
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06/04/08-80064-022 150.00

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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: Theresa A. Elliott Theresa A. Elliott 5/20/08 863-465-1777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #