


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90256 008 \*\*\*150.00

DOCUMENT # P02000040308	
1. Entity Name S & L OPTICAL, INC.	

Principal Place of Business 2541 N.E. 50TH STREET LIGHTHOUSE POINT, FL 33064	Mailing Address 2541 N.E. 50TH STREET LIGHTHOUSE POINT, FL 33064
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**50041893**



2. Principal Place of Business <b>2530 NE 51<sup>ST</sup> ST</b>	3. Mailing Address <b>2530 NE 51<sup>ST</sup> ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122005 Chg-P CR2E034 (10/03)

City & State <b>LIGHTHOUSE POINT</b>	City & State <b>LIGHTHOUSE POINT</b>
Zip <b>33064</b>	Country <b>BROWARD</b>
Zip <b>33064</b>	Country <b>BROWARD</b>

4. FEI Number <b>72-1523392</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ROEVER, STANLEY E 2541 N.E. 50TH STREET LIGHTHOUSE POINT, FL 33064	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 	DATE <b>4/18/05</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
ROEVER, STANLEY E 2541 N.E. 50TH STREET LIGHTHOUSE POINT, FL 33064		<b>2530 NE 51<sup>ST</sup> ST</b> <b>LIGHTHOUSE POINT FL 33064</b>	
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
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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 exemption stated in Section 119.07(3)(i), 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: 	DATE <b>4/18/05</b> 954 4250228
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