


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000047211	
1. Entity Name JEM OPTICAL, INC.	

Principal Place of Business 12951 WALSHINGHAM ROAD LARGO, FL 33774	Mailing Address 512 JOHNS PASS AVE MADEIRA BEACH, FL 33708
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DO NOT WRITE IN THIS SPACE

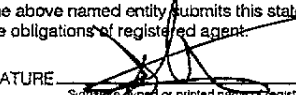


04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3661327	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOTTA, JOSEPH E 512 JOHNS PASS AVE MADEIRA BEACH, FL 33708
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**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  (NOTE: Registered Agent signature required when reinstating)
DATE 4-18-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME MOTIA, JOSEPH E
STREET ADDRESS 12951 WALSHINGHAM RD	CITY-ST-ZIP LARGO, FL 33774
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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U000000322587
04/22/05-80019-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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.
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SIGNATURE: 	DATE 4-18-05	DAYTIME PHONE # 727-596-6333
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		