

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000058266

**FILED**  
**Mar 10, 2005**  
**Secretary of State**

**Entity Name:** WELLINGTON OPTICAL FINISHING LAB, INC.

**Current Principal Place of Business:**

4089 BLUFF HARBOR WAY  
WELLINGTON, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

4089 BLUFF HARBOR WAY  
WELLINGTON, FL 33467

**New Mailing Address:**

**FEI Number:** 42-1593714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANZALONE, CHARLES T  
4089 BLUFF HARBOR WAY  
WELLINGTON, FL 33467 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANZALONE, MARCI  
Address: 4089 BLUFF HARBOR WAY  
City-St-Zip: WELLINGTON, FL 33467

Title: D ( ) Delete  
Name: ANZALONE, CHARLES T  
Address: 4089 BLUFF HARBOR WAY  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: ANZALONE, MARCI  
Address: 4089 BLUFF HARBOR WAY  
City-St-Zip: WELLINGTON, FL 33467

Title: P (X) Change ( ) Addition  
Name: ANZALONE, CHARLES T  
Address: 4089 BLUFF HARBOR WAY  
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCI ANZALONE

VP

03/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date