

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90089 013 ***150.00

DOCUMENT # **P64000091988**

1. Entity Name

PROGRESSIVE OPHTHALMIC TECHNOLOGIES, INC.



Principal Place of Business

**37403 CHURCH AVENUE
DADE CITY FL 33525**

Mailing Address

**37403 CHURCH AVENUE
DADE CITY FL 33525**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P O Box 2766

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

Country

33806-2766

Country

FL

4. FEI Number

57-1207561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIDDAUGH, GARY
37403 CHURCH AVENUE
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RIDDAUGH, GARY**
STREET ADDRESS **37403 CHURCH AVENUE**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **ST** ☐ Delete
NAME **DALTON, DAVE**
STREET ADDRESS **2833 HIGHWAY 92E**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

Date

863-666-1122

Daytime Phone #