

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023986

Entity Name: CW VISION OPTICAL, INC.

FILED  
Jan 22, 2010  
Secretary of State

**Current Principal Place of Business:**

463646 SR 200  
YULEE, FL 320907

**New Principal Place of Business:**

**Current Mailing Address:**

463646 SR 200  
YULEE, FL 320907

**New Mailing Address:**

2920 BAILEY ROAD  
FERNANDINA BEACH, FL 32034

FEI Number: 26-4469942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POECHMANN, PAIGE P  
303 CENTRE STREET  
200  
FERNANDINA BEACH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAMBERLAIN, JAMES D  
Address: 463646 SR 200  
City-St-Zip: YULEE, FL 32097

Title: VP  
Name: ALLEN, PHILLIP  
Address: 463646 SR 200  
City-St-Zip: YULEE, FL 32097

Title: S/T  
Name: HAMPTON, MATTHEW  
Address: 463646 SR 200  
City-St-Zip: YULEE, FL 32097

Title: D  
Name: TUSO, MARK  
Address: 463646 SR 200  
City-St-Zip: YULEE, FL 32097

Title: D  
Name: BOYD, JEFF  
Address: 463646 SR 200  
City-St-Zip: YULEE, FL 32097

Title: D  
Name: GARTNER, JACK  
Address: 463646 SR 200  
City-St-Zip: YULEE, FL 32097

I hereby 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 all other like empowered.

SIGNATURE: JAMES D CHAMBERLAIN

PRES

01/22/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date