


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P10195
 1. Entity Name
 D.O.C. OPTICS CORPORATION



Principal Place of Business Mailing Address
 19800 WEST EIGHT MILE RD. 19800 WEST EIGHT MILE RD.
 SOUTHFIELD, MI 48075 SOUTHFIELD, MI 48075



DO NOT WRITE IN THIS SPACE

07112005 No Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
 38-1676103 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DONALD, GOLDEN L O.D. 19800 W. 8 MILE SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIES, JAMES E. 19800 W. 8 MILE SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDEN, RICHARD S. 19800 W. 8 MILE SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOLDEN, RANDAL E. 19800 W. 8 MILE SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000373589
 07/19/05-80005-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James E. Lies James Lies 7/13/05 248-354-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #