

**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 19800 WEST EIGHT MILE RD. SOUTHFIELD, MI 48075	Mailing Address 19800 WEST EIGHT MILE RD. SOUTHFIELD, MI 48075



DO NOT WRITE IN THIS SPACE

07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1676103	Applied For Not Applicable
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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

**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 _____

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
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	

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07/19/05-80005-004 150.00

**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)(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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James E. Lies James Lies 7/13/05 248-354-7100