

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000007240

Entity Name: LAKESIDE OPTICAL, INC.

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

9444 SEMINOLE BLVD.  
SEMINOLE, FL 33772 US

## **New Principal Place of Business:**

6595 SEMINOLE BLVD.  
SEMINOLE, FL 33772 US

## **Current Mailing Address:**

8245 FOREST CIRCLE  
SEMINOLE, FL 33776 US

## **New Mailing Address:**

FEI Number: 59-3159906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEN, BETHANY K  
8245 FOREST CIRCLE  
SEMINOLE, FL 33776 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: PD  
Name: ALLEN, BETHANY K  
Address: 8245 FOREST CIRCLE  
City-St-Zip: SEMINOLE, FL 33776

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: BETHANY K. ALLEN

PD

02/02/2012

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

\_\_\_\_\_  
Date