

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000045765

1. Entity Name

MY OPTICS, INC.



FILED

05 MAY -2 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

329 N. ORANGE AVE.
ORLANDO FL 32801
US

Mailing Address

329 N. ORANGE AVE.
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3194152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEASE, WILLIAM
1309 CHRISTY AVE.
ORLANDO FL 32803

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PEASE, WILLIAM
1359 CHRISTY
ORLANDO FL 32803 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVST
RICE, DAVID C
470 BRIARCLIFF DRIVE
ORLANDO FL 32806 ☐ Delete

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William Pease CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

407.245.7800

Daytime Phone #

Stephen E Roberts, P.A.

7414 Gay Road, Suite 202
Winter Park, FL 32789

Office 407.923.4000
Fax 407.599.4002

April 26, 2005

Fl Dept of State
Division of Corporations
POB 6850
Tallahassee, FL 32314

re: My Optics, Inc.
2005 Annual Report

Dear Sir or Madam:

Last year we paid twice on this account and did not receive a refund. You should apply the overpayment from last year toward the renewal for this year.

Thank you for your time and considerations. Please contact us if you have any further questions or need more information.

Sincerely,


Stephen E Roberts