

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019115

Entity Name: ON-SIGHT OPTICAL, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

2120 CALUMET STREET
SUITE 3
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2120 CALUMET STREET
SUITE 3
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3308790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANE, MICHAEL A
2120 CALUMET STREET
SUITE 3
CLEARWATER, FL 33765 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 () Delete
Name: SHANE, MICHAEL A
Address: 104 ANNWOOD RD.
City-St-Zip: PALM HARBOR, FL 34685

Title: S () Delete
Name: MICHAEL A SHANE,
Address: 104 ANNWOOD RD
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SHANE

PRES

01/04/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date