2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Secretary of State DOCUMENT # P95000040031 03-10-2005 90161 004 ***150.00 1. Entity Name BROADWAY OPTICAL, INC. Principal Place of Business Mailing Address 50024597 3953 BROADWAY AVENUE 3953 BROADWAY AVENUE FORT MYERS, FL 33901 FORT MYERS, FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0582128 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRITTAN, LARRY-Street Address (P.O. Box Number is Not Acceptable) 3953 BROADWAY FT MEYERS, FL 33901 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change Addition TITLE NAME BRITTAIN, LARRY NAME STREET ADDRESS 2929 SE 117TH AVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL CITY-ST-ZIP **VPST** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHROEDER, JENNIFER NAME NAME STREET ADDRESS STREET ADDRESS 18150 INTERLOCKEN LN CITY-ST-ZIP ALVA, FL 33920 CITY-ST-ZIP ☐ Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED Mar 10, 2005 8:00 am