

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000052377

1. Entity Name
PRECISION OPTICAL PLATING, INC.



Principal Place of Business

2060 B WHITFIELD PK. AVE
SARASOTA, FL 34243

Mailing Address

1743 NORTHGATE BLVD
SARASOTA, FL 34234

FILED
Apr 18, 2007 08:00 AM
Secretary of State



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0675757

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOWERY, DAVID A
1743 NORTHGATE BLVD
SARASOTA, FL 34234

**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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOWERY, DAVID A
STREET ADDRESS	1743 NORTHGATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	LOWERY, J
STREET ADDRESS	1743 NORTHGATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000715180
04/27/07-80054-018 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James L. K.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07
Date

941-355-5784
Daytime Phone #