2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P9700006075 1. Entity Name OPTICAL OUTLET IV, INC.						04-30-2004 90276 031 ***150.00				
319 SE PORT ST LUCIE BLVD 319			ling Address 9 SE PORT ST LUCIE BLVD RT SAINT LUCIE, FL 34984 US					- ·- •		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232004	Chg-P		 4 (10/03)		
City & State		City & State			4. FEI Numbe				plied For t Applicable	
Zip	Country	Zip	Coun	try		of Status Desired		8.75 Add	itional	
•	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R				
				Name		***				
ARTEAGEA, LORRAINE 898 SE KENDALL AVENUE PORT ST. LUCIE, FL 34983				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	9	
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	d office or rea	istered agent, or bot	h, in the State of Flo		 miliar with.	and accept	
	ions of registered agent.		- 9		,,,,	.,				
SIGNATURE										
0.0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature re	quired when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution				ncing	\$5.00 May Be Added to Fees	 				
10.					ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P ☐ Delete TITL						☐ Change	☐ Addition		
NAME	• • • • • • • • • • • • • • • • • • • •		NAM						.	
STREET ADDRESS CITY-ST-ZIP	ya 1547			ET ADDRESS -ST-ZIP					-,	
TITLE			TITLE					☐ Change	Addition	
NAME			NAM	į						
STREET ADDRESS	898 SE KENDALL AVE			ET ADDRESS						
CITY-ST-ZIP	PORT ST LUCIE, FL 34983		CITY	-ST-ZIP					·	
TITLE	D OLESEN, CLAYTON L	. Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	319 SE PORT ST LUCIE BLVD	• •	NAM STRE	ET ADDRESS						
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984			-ST-ZIP						
TITLE ,		☐ Delete	TITLE	£ .				Change	Addition	
NAME				_ }					1	
STREET ADDRESS CITY-ST-ZIP			MAM							
U111-01-215			STRE	ET ADDRESS						
TITI C		Poleta	STRE	ET ADDRESS -ST-ZIP				Change	□ Addition	
TITLE NAME		☐ Delete	STRE	EET ADDRESS -ST-ZIP		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	STRE CITY TITLE NAM	EET ADDRESS -ST-ZIP				☐ Change	☐ Addition	
NAME		☐ Delete	STRE CITY TITLE NAM STRE	ET ADDRESS -ST-ZIP E				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STRE CHY TITLE NAM STRE CHY	EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E				☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			STRE CHY TITLE NAM STRE CHY TITLE NAM	EET ADDRESS -ST-ZIP E E E E-ST-ZIP E ET ADDRESS -ST-ZIP E E				,	- <u>-</u>	
NAME STREET ADDRESS CITY-ST-ZIP			STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E				,	- <u>-</u>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

772-878-14/4 Daytime Phone #