2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000011125

1. Entity Name
INLET OPTICAL BOUTIQUE, INC.

Principal Place of Business	Mailing Address
103 S US HWY 1-B2 JUPITER, FL 33477 US	467 NE 10TH STREET BOCA RATON, FL 33432 US

DO NOT WRITE IN THIS SPACE

02062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0728207	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOUSIGNANT, HELEN
467 N.E. 10TH STREET
BOCA RATON, FL 33432

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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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	TOUSIGNANT, HELEN
STREET ADDRESS	467 NE 10TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	HANNAN, THOMAS S
STREET ADDRESS	717 S US HWY 1 #608
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/08-80002-018 150.00

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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: *Helen Tousignant*, Helen Tousignant 2-29-08 561-395-2671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #