

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000033081

1. Entity Name
LENZAR OPTICS CORPORATION



Principal Place of Business
3965 INVESTMENT LANE
SUITE A9
RIVIERA BEACH, FL 33404

Mailing Address
1281 N. OCEAN DRIVE - SUITE 201
SINGER ISLAND
RIVIERA BEACH, FL 33404



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0746183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GANTHER, HOWARD BRADLEY
5200 N OCEAN DR 20-B
SINGER ISLAND
RIVIERA BEACH, FL 33404

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000451551
03/10/06-80047-027 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME GANTHER, HOWARD B
STREET ADDRESS 5200 NORTH OCEAN DRIVE, 20-B
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE ST
NAME GANTHER, ANGELA
STREET ADDRESS 5200 NORTH OCEAN DRIVE, 20-B
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 561842 2600

Date

Daytime Phone #