

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90074 047 ***150.00

DOCUMENT # P97000078634

1. Entity Name
CAMPUS OPTICAL, INC.



Principal Place of Business
**96 FLAGLER PLAZA DRIVE
PALM COAST, FL 32137**

Mailing Address
**96 FLAGLER PLAZA DRIVE
PALM COAST, FL 32137**

2. Principal Place of Business - No P.O. Box #
123 FLAGLER PLAZA Drive

3. Mailing Address
SAME

Suite, Apt. #, etc.
FL

City & State
Palm Coast FL

Zip
32137

Country
USA



01072008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3476234

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVENS, RICHARD C
600 N CENTRAL AVE
FLAGLER BEACH, FL 32136**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 the obligations of registered agent.

SIGNATURE **[Signature]** **1/7/8** DATE

(NOTE: Registered Agent signature required when re-registering)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, RICHARD C 600 N CENTRAL AVE FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **[Signature]** **1/7/8 386 4396746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #