


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P98000069910**

1. Entity Name  
**OPTORET CORPORATION**



Principal Place of Business <b>1821-6 PARENTAL HOME ROAD          JACKSONVILLE, FL 32216</b>	Mailing Address <b>PO BOX 2184          YULEE, FL 32041-2184</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3527793</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**OVERCASH, KENNETH W  
 1821-6 PARENTAL HOME ROAD  
 JACKSONVILLE, FL 32216**

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVERCASH, KENNETH W 1821-6 PARENTAL HOME ROAD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTO OVERCASH, CHERYL V 1821-6 PARENTAL HOME ROAD JACKSONVILLE, FL 32216
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**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: *Cheryl Overcash* *2-4-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Cheryl Overcash, Vice President**