

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90025 027 \*\*\*150.00

**DOCUMENT # P98000103799**

1. Entity Name  
**OPTICALLY YOURS, INC.**



**60023274**



01172008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3541360** ☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HERNANDEZ, CATHERINE L**  
**6151 SE 126TH STREET**  
**BELLEVIEW, FL 34420**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, CATHERINE L	
STREET ADDRESS	6151 SE 126TH STREET	
CITY-STATE-ZIP	BELLEVIEW, FL 34420	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RAMONA	
STREET ADDRESS	5145 SE 108TH STREET	
CITY-STATE-ZIP	BELLEVIEW, FL 34420	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, HENRY	
STREET ADDRESS	5145 SE 108TH STREET	
CITY-STATE-ZIP	BELLEVIEW, FL 34420	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUNSFORD, PHYLLIS L	
STREET ADDRESS	6151 SE 126TH STREET	
CITY-STATE-ZIP	BELLEVIEW, FL 34420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

**CATHERINE L. HERNANDEZ**

**4/11/8 3523076797**  
Date Daytime Phone #