

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90379 029 ***150.00

DOCUMENT # P99000058481

1. Entity Name
OPTIC HOST CORP.



Principal Place of Business
**3130 S.E. GRAN PARK WAY
STUART, FL 34997**

Mailing Address
**P.O. BOX 1259
PALM CITY, FL 34991-1259**

40051346



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0937480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CANTOR, DON
3130 S.E. GRAN PARK WAY
STUART, FL 34997**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANTOR, DONALD
STREET ADDRESS	PO BOX 1259
CITY-ST-ZIP	PALM CITY, FL 349911259
TITLE	V
NAME	CANTOR, STUART
STREET ADDRESS	98 BIRCHWOOD PARK DRIVE
CITY-ST-ZIP	JERICHO, NY 11753
TITLE	D
NAME	LYNCH, JAMES D
STREET ADDRESS	51 CLIFFORD BLVD
CITY-ST-ZIP	HAUPPAGUE, NY 11788
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2006

Date

172-221-8645

Daytime Phone #