


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 001 ****61.25

DOCUMENT # N02000009157

1. Entity Name
THE HILLSBOROUGH SOCIETY OF OPTOMETRISTS, INC.



Principal Place of Business
 9304 WOODBAY DRIVE
 TAMPA, FL 33626

Mailing Address
 9304 WOODBAY DRIVE
 TAMPA, FL 33626



2. Principal Place of Business
5885 GUNN HWY.

3. Mailing Address
5885 GUNN HWY.

Suite, Apt. #, etc.

07022004 Chg-NP CR2E037 (10/03)

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33625-4007

Country
USA

Zip
33625-4007

Country
USA

4. FEI Number
36-4510150

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MERTZLUFFT, JOHN J OD
9304 WOODBAY DRIVE
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name
William H. STEPHEN, O.D.

Street Address (P.O. Box Number is Not Acceptable)
5885 GUNN HWY.

City
TAMPA

FL Zip Code
33625-4007

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 William H. STEPHEN, O.D. *[Signature]* 8/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ODVP STEPHEN, WILLIAM H PD 7541 W. HILLSBOROUGH AVE. TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ODS PAYNE, SUSAN 4051 UPPERCREEK DR. SUITE 107 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD MERTZLUFFT, JOHN J PD 8633 CITRUS PARK DR. TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOD TRUONG, SUSAN 2510 W. WATERS AVE. TAMPA, FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN, WILLIAM H. 5885 GUNN HWY TAMPA, FL 33625-4007	PT B Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEPRESIDENT VT B	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ST B	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 five empowered.

SIGNATURE: [Signature] 8/18/2004 813-908-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #