


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000010165  
 1. Entity Name  
 PINNACLE EYE CENTER, INC.



Principal Place of Business  
 230 S. WICKHAM RD.  
 W. MELBOURNE, FL 32904

Mailing Address  
 230 S. WICKHAM RD.  
 W. MELBOURNE, FL 32904

**DO NOT WRITE IN THIS SPACE**



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3625013

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 PAPPAS, REGINE  
 514 LANTERNBACK ISLAND DRIVE  
 SATELLITE BEACH, FL 32937

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

100000090862  
 03/17/04-80036-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAPPAS, REGINE 514 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVY PAPPAS, COSTAS 514 LANTERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937
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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 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: Costas Pappas COSTAS PAPPAS 3/17/04 321-952-9525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #