

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010165

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PINNACLE EYE CENTER, INC.

**Current Principal Place of Business:**

1649 W. EAU GALLIE BLVD  
STE 100  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1649 W. EAU GALLIE BLVD  
STE 100  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 59-3625013      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAPPAS, REGINE  
514 LANTERNBACK ISLAND DRIVE  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PAPPAS, REGINE  
Address: 514 LANTERNBACK ISLAND DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DVY ( ) Delete  
Name: PAPPAS, COSTAS  
Address: 514 LANTERNBACK ISLAND DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COSTAS PAPPAS

DVY

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date