

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053973

Entity Name: STEIN EYE CARE, INC.

FILED
Jan 11, 2009
Secretary of State

Current Principal Place of Business:

906-B MAR WALT DRIVE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

906-B MAR WALT DRIVE
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-4696005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASYBOOKS, LLC
1114 E. JOHN SIMS PKWY
#152
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

STEIN, JOSEPH F VP
906B MAR WALT DRIVE
FT. WALTON BEACH, FL 32547 US

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: JOSEPH F. STEIN

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEIN, KAREN S
Address: 1540 GLENLAKE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: STEIN, JOSEPH F
Address: 1540 GLENLAKE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

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: JOSEPH F. STEIN

VP

01/11/2009

Electronic Signature of Signing Officer or Director

Date