## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000017093** 

20/20 EYECARE PLAN, INC.



Principal Place of Business\_\_\_\_

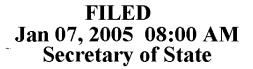
Mailing Address

2691 EAST OAKLAND PARK BOULEVARD SUITE 400

2691 EAST OAKLAND PARK BOULEVARD

SUITE 400

FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306





## DO NOT WRITE IN THIS SPACE

01032005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0821007 Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COPPOLA, ROBERT C 1205 SOUTH POWERLINE ROAD POMPANO BEACH, FL. 33069

## 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, 2005 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing 🗌	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOLA, ROBERT C 1205 SO POWERLINE ROAD POMPANO BEACH, FL 33069			<u> </u>	01/07/05-80039-020 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATUS, GERALD E 11300 4 STREET NO STE 124 ST PETERSBURG, FL 33716				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					