


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V45152**  
 1. Entity Name  
**ANIMAL EYE CARE, INC.**



Principal Place of Business: **3807 BOND PLACE SARASOTA FL 34232**  
 Mailing Address: **PO BOX 49677 SARASOTA FL 34230-6677**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **65-0345125**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PATTERSON, JOHN**  
**46 N. WASHINGTON BLVD. #1**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 relocating.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                   |                                 |
|--|---------------------------------|
| TITLE: <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME: <b>PATTERSON, JOHN</b>                 |                                 |
| STREET ADDRESS: <b>46 N. WASHINGTON BLVD</b> |                                 |
| CITY-ST-ZIP: <b>SARASOTA FL</b>              |                                 |
| TITLE: <b>P</b>                              | <input type="checkbox"/> Delete |
| NAME: <b>SALISBURY, M A</b>                  |                                 |
| STREET ADDRESS: <b>3807 BOND PLACE</b>       |                                 |
| CITY-ST-ZIP: <b>SARASOTA FL 34232</b>        |                                 |
| TITLE:                                       | <input type="checkbox"/> Delete |
| NAME:  |                                 |
| STREET ADDRESS:                              |                                 |
| CITY-ST-ZIP:                                 |                                 |
| TITLE:                                       | <input type="checkbox"/> Delete |
| NAME:  |                                 |
| STREET ADDRESS:                              |                                 |
| CITY-ST-ZIP:                                 |                                 |
| TITLE:                                       | <input type="checkbox"/> Delete |
| NAME:  |                                 |
| STREET ADDRESS:                              |                                 |
| CITY-ST-ZIP:                                 |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |   |
| STREET ADDRESS:                                       |   |
| CITY-ST-ZIP:  |   |
| TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |   |
| STREET ADDRESS:                                       |   |
| CITY-ST-ZIP:  |   |
| TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |   |
| STREET ADDRESS:                                       |   |
| CITY-ST-ZIP:  |   |
| TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |   |
| STREET ADDRESS:                                       |   |
| CITY-ST-ZIP:  |   |

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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)(f), 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: *M A Salisbury* **M-A SALISBURY** **2/24/04** **941 379-3937**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #