

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000069161

Entity Name: EYES IT, INC.**Current Principal Place of Business:**4519 WOODBINE ROAD
PACE, FL 32571**Current Mailing Address:**4519 WOODBINE ROAD
PACE, FL 32571 US**FEI Number:** 45-2880115**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURKLOW, MELVIN
5620 FOX TRAIL DRIVE
PACE, FL 32571 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P D
Name	BURKLOW, MELVIN
Address	5620 FOX TRAIL DRIVE
City-State-Zip:	PACE FL 32571

Title	VP D
Name	KING, KEVIN
Address	211 PROGRESS DRIVE
City-State-Zip:	HOHENWALD TN 38462

Title	EVP
Name	BURKLOW, MICHAEL P
Address	240 BEACH DRIVE
City-State-Zip:	CAMDEN AL 36726

Title	STD
Name	BURKLOW, STEPHEN A
Address	2950 GREYSTONE DRIVE
City-State-Zip:	PACE FL 32571

Title	D
Name	BURKLOW, MICHAEL P
Address	240 BEACH DRIVE
City-State-Zip:	CAMDEN AL 36726

Title	D
Name	BURKLOW, ROBERT L
Address	236 WOODMERE DRIVE
City-State-Zip:	HOHENWALD TN 38462

I hereby 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 all other like empowered.

SIGNATURE: MELVIN BURKLOW**PRESIDENT****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date