

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000074753

**Entity Name:** WIZARD OF EYES, INC.

**Current Principal Place of Business:**

22629 SOUTH SHORE DRIVE  
LAND O LAKES, FL 34639

**Current Mailing Address:**

22629 SOUTH SHORE DRIVE  
LAND O LAKES, FL 34639

**FEI Number: 59-3402300**

**Certificate of Status Desired: Yes**

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

WIZARD OF EYES INC  
22629 SOUTHSORE DR  
STE 101  
LAND O LAKES, FL 34639 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: JAMES EDWARD SELDIN**

**02/09/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SELDIN, JAMES E  
Address 22629 SOUTH SHORE DRIVE  
City-State-Zip: LAND O'LAKES FL 34639

Title VP  
Name CHARLAND, DONNA  
Address 22629 SOUTH SHORE DRIVE  
City-State-Zip: LAND O'LAKES FL 34639

Title TREASURER  
Name WHITWORTH, AMANDA J  
Address 16309 VILLARREAL-AVILA  
City-State-Zip: TAMPA FL 33613

*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: JAMES E SELDIN**

**PRESIDENT**

**02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date