## 2017 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: No

Name and Address of Current Registered Agent:

**GILMAN CIOCIA INC** 14802 N. DALE MABRY HWY STE 101 TAMPA, FL 33614 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: ROSA QUINTELA 02/10/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

VΡ Title Title

SELDIN. JAMES E Name Name CHARLAND, DONNA

Address 22629 SOUTH SHORE DRIVE Address 22629 SOUTH SHORE DRIVE City-State-Zip: LAND O'LAKES FL 34639 City-State-Zip: LAND O'LAKES FL 34639

Title

Name SELDIN, SUZANNAH R Address 1208 E CHELSEA ST City-State-Zip: TAMPA FL 33603

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** 

Electronic Signature of Signing Officer/Director Detail

02/10/2017 Date

**FILED** Feb 10, 2017

**Secretary of State** 

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