

**2014 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:**

WATKINS, CARL TCPA  
5103 MEMORIAL HWY  
TAMPA, FL 33634 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  
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 T  
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**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date