

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 289115

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: SAINT LUCIE OPTICAL, INC.

**Current Principal Place of Business:**

2201 S. 10TH STREET  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2201 S. 10TH STREET  
FT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 59-1087112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALLONEE, JOHN M.D.  
2201 S. 10TH ST.  
STE. A  
FORT PIERCE, FL 34950 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MALLONEE, M.D. J  
Address: 2201 S. 10TH STREET  
City-St-Zip: FORT PIERCE, FL

Title: VP ( ) Delete  
Name: CHANNON, CHRISTOPHER,  
Address: 2201 S. 10TH STREET  
City-St-Zip: FT. PIERCE, FL

Title: S ( ) Delete  
Name: LANGLEY, KENNETH  
Address: 2201 S. 10TH ST. STE. A  
City-St-Zip: FORT PIERCE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN MALLONEE, M.D.

P

01/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date