

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 300218

FILED  
Jan 04, 2012  
Secretary of State

Entity Name: CARD'S OPTICIANS, INC

**Current Principal Place of Business:**

180 SOUTH KNOWLES AVE  
SUITE 8  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

180 SOUTH KNOWLES AVE  
SUITE 8  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-1112050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARD, HAROLD G III  
180 S KNOWLES AVE  
STE 8  
WINTER PARK, FL 32789 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARD, HAROLD G III  
Address: 3821 PEMBROKE DR  
City-St-Zip: ORLANDO, FL 32810

Title: VPT  
Name: MUNROE, TERRI LYNN  
Address: 804 DENNIS AVENUE  
City-St-Zip: ORLANDO, FL 32807

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: HAROLD G. CARD III

P

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date