## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 602122** 

Entity Name: MCCLANE & STUBITS, O.D., P.A

4044 CAPTAINS WAY

FERNANDINA BEACH, FL 32034

Address: City-St-Zip: FILED May 13, 2007 Secretary of State

Littly Nan	IIE. WICCLAN	IL & 310bi13, O.D., F.A.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
6 S 14TH S PO BOX 47 FERN BCH			6 S 14TH ST FERN BCH, FL 32034		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
6 S 14TH S PO BOX 47 FERN BCH		US	6 S 14TH ST FERN BCH, FL 32034	US	
FEI Number:	59-1298160	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ONE INDE SUITE 230 JACKSON	VILLE, FL 322 named entity of Florida.	RIVE 202 US	rpose of changing its registered o	office or registered agent, or both,	
Electronic Signature of Registered Agent			nt	 Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( MCCLANE, JOI 4674 GENOA D FERN. BEACH,	DR .	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( STUBITS, STEI 1856 HIGHLAN FERN. BEACH,	D DR.	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	TD (	) Delete HONY L.	Title: ( Name:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOHN W. MCCLANE, III PRES 05/13/2007