

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 696721

1. Entity Name
DOCTOR'S OPTICAL, INC.



Principal Place of Business
2175 20TH ST.
VERO BEACH, FL 32960

Mailing Address
2175 20TH ST.
VERO BEACH, FL 32960



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2129547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAIN, BETTE
2175 - 20 STREET
SUITE C
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bette Chamberlain President
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/07/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHAMBERLAIN, BETTE
STREET ADDRESS 2056 80TH AVE.
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE VP
NAME KIPP, CYNTHIA L
STREET ADDRESS 2175 - 20 STREET
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000633967
02/21/07-80084-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bette Chamberlain President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/07 772 567-5000
DATE PHONE #