

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005303

FILED
Feb 24, 2005
Secretary of State

Entity Name: BECKHAM VISION CARE, P.C.

Current Principal Place of Business:

464016 STATE RD. 200
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16445
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 58-2646438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKHAM, AMY
95148 MACKINAS CIRCLE
FERNANDINA BEACH, FL 32034 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: PRES () Delete
Name: BECKHAM, AMY O.D.
Address: 95148 MACKINAS CIR.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ST () Delete
Name: HARPER, CATHY
Address: 6870 GRASSMOOR GRANGE WAY
City-St-Zip: CUMMING, GA 30040

Title: VCVP () Delete
Name: BECKHAM, AMY E O.D.
Address: 95148 MACKINAS CIR.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ACCT () Delete
Name: BUNK, BRYAN
Address: 3253 CREWS RD. N
City-St-Zip: FERNANDINA BEACH, FL 32034

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:

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 Section 119.07(3)(i), 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: AMY E. BECKHAM, O.D.

PRES

02/24/2005

Electronic Signature of Signing Officer or Director

Date