

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F33474
 1. Entity Name
 EYE WEAR OF STUART, INC.



Principal Place of Business
 2090 S E OCEAN BLVD
 STUART, FL 34996

Mailing Address
 2090 S E OCEAN BLVD
 STUART, FL 34996



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2088932

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 DAVENPORT, WILLIAM H M.D.
 2090 S.E.OCEAN BLVD.
 STUART, FL 34996

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 _____ 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	PD
NAME	DAVENPORT, WILLIAM H M.D
STREET ADDRESS	2090 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	VD
NAME	GUERRERO, JOHN
STREET ADDRESS	2090 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	SD
NAME	CARELLI, MICHAEL
STREET ADDRESS	2090 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	TD
NAME	KLAUS, NELSON C
STREET ADDRESS	2090 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000585380
 01/16/07-80009-015 150.00

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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: Nelson C. Klaus, III 1/12/07

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR Date Daytime Phone #