


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 025 ***158.75

DOCUMENT # F95000002627 1. Entity Name EYE CARE INTERNATIONAL, INC.					
Principal Place of Business 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607 US			Mailing Address 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3206480			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			03112005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent MARCUS, CLARK CEO 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD <input type="checkbox"/> Delete MARCUS, CLARK A 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD <input type="checkbox"/> Delete KOENIG, JAMES L 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHILD, JOHN 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAY, SHARON KAY 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YEAP, ARTHUR 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KOCH, WILLIAM H MD 1511 N. WESTSHORE BLVD. SUITE 925 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: James L. Koenig <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-11-05 (813) 289-5552 <small>Date Daytime Phone #</small>		

ATTACHMENT

400 312 26

EYE CARE INTERNATIONAL, INC.

F95000002627

ITEM 11 - ADDITIONS

Title
Name
Street Address
City-ST-Zip

D
Finestone, Arnold
1511 N. Westshore Blvd., Suite 925
Tampa, FL 33607

☒ Addition

Title
Name
Street Address
City-ST-ZIP

V.
Carson, Scott M.
1511 N. Westshore Blvd., Suite 925
Tampa, FL 33607

☒ Addition