

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53015

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** FAMILY VISION CENTER OF LAKELAND, INC.

**Current Principal Place of Business:**

C/O CLAYTON T. BLICK  
6743 US 98 N  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CLAYTON T. BLICK  
6743 US 98 N  
LAKELAND, FL 33809

**New Mailing Address:**

**FEI Number:** 59-2564458      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLICK, CLAYTON T.  
6743 US 98 N.  
LAKELAND, FL 33809      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: DP      ( ) Delete  
Name: BLICK, CLAYTON T.,  
Address: 6743 US 98 N  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CLAYTON T. BLICK

PRES

01/21/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date