


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90145 036 ***150.00

DOCUMENT # H71218

1. Entity Name
**EVA KAREN BOSWELL, OPTOMETRIST, O.D.,
 PROFESSIONAL ASSOCIATION**



Principal Place of Business 108 AUBURN CT HAINES CITY, FL 33844	Mailing Address 108 AUBURN CT HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2569525	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSWELL, EVA KAREN
 108 AUBURN CT
 HAINES CITY, FL 33844

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSWELL, E. KAREN 108 AUBURN CT. HAINES CITY, FL 33844
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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: *E. K. Boswell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06 863 521 6170
 Date Daytime Phone #