

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90016 002 ***150.00

94051899



02262004 Chg-P CR2E034 (10/03)

DOCUMENT # J16269 1. Entity Name C. R. LAIT'S EYE CARE CENTER, INC.			
Principal Place of Business % CAROL LAIT 2305 OLEANDER AVENUE FORT PIERCE, FL 34982		Mailing Address % CAROL LAIT 2305 OLEANDER AVENUE FORT PIERCE, FL 34982	
2. Principal Place of Business <i>906 Plymouth Avenue</i> Suite, Apt. #, etc.		3. Mailing Address <i>906 Plymouth Avenue</i> Suite, Apt. #, etc.	
City & State <i>Fort Pierce FL</i> Zip <i>34982</i> Country		City & State <i>Fort Pierce FL</i> Zip <i>34982</i> Country	
4. FEI Number 59-2687870		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAIT, CAROL 2305 OLEANDER AVENUE FORT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>906 Plymouth Avenue</i> City <i>Fort Pierce</i> FL Zip Code <i>34982</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD LAIT, CAROL 2305 OLEANDER AVENUE FORT PIERCE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <i>crook</i> CROOLE, ALEXANDER 1551 BURNING CT PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	PD <i>lait Carol</i> <i>906 Plymouth Avenue</i> <i>Fort Pierce, FL 34982</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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: <i>CR Lait</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3/24/04</i> Daytime Phone # <i>772-461-6738</i>	