

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J78058**  
 1. Entity Name  
**G & D EYECARE CORPORATION II**



Principal Place of Business      Mailing Address  
**1901 RIDGEWOOD RD**      **12964 NORTH DALE MABRY**  
**WYOMISSING, PA 19610 US**      **TAMPA, FL 33618 US**

**DO NOT WRITE IN THIS SPACE**



01202005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**58-1745015**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LINSEY, DENNIS**  
**12964 NORTH DALE MABRY**  
**TAMPA, FL 33618**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LINSEY, DENNIS
STREET ADDRESS	12964 NORTH DALE MABRY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	DS
NAME	LINSEY, GEORGE
STREET ADDRESS	12964 NORTH DALE MABRY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: \_\_\_\_\_      Date: **2/16/05**      Daytime Phone #: **813960-8896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR