

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

06 JUL 20 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J79963

Entity Name  
EYE STYLES, INC.



Principal Place of Business  
1455 HOLDEN AVENUE  
ORLANDO, FL 32839-1702

Mailing Address  
1455 HOLDEN AVENUE  
ORLANDO, FL 32839-1702

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2841689

Applied For  
Not Applied

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

## 6. Name and Address of Current Registered Agent

COPELY, BRENDA J.  
1455 HOLDEN AVENUE  
ORLANDO, FL 32839

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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 acknowledge the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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	PD COPELY, ANDREW R. JR 1455 HOLDEN AVENUE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT COPELY, BRENDA J. 1455 HOLDEN AVENUE ORLANDO, FL
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07/21/06--01009--004 \*\*150.00

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JE 7/20

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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*Fashion Optical & Contact Lens Center*

July 3, 2006-07-03

Florida Department Of State  
Division Of Corporations

Re: Document# J79963  
Eyestyles, Inc.

Dear Sir/Madam:

Enclosed is a SECOND payment for our coporation fee. I mailed payment on 4/23/06  
Along with our second corporation – Copely Eye Clinic – ck# 1797.

I am enclosing this second payment in order to delay any further action until you can  
follow up with me regarding receipt of the first payment.

Please research and contact me concerning this first payment.

Thank you

  
Brenda Copely