2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
DOCUMENT # J88004 1. Entity Name					Feb 01, 2006 08:00 AN Secretary of State					
LENS AND RIMS V	/ISION CENTERS, IN	1C.				Set	i viai	JUID	ialt	
Principal Place of Business	5 •	Mailing Address								
1115-A 62ND AVENUE, NORTH ST. PETERSBURG FL 33702 US		1115-A 62ND AVENUE, NORTH ST. PETERSBURG FL 33702 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc		tst	MOORE	CR2E03	4 (10/05)			
City & Stale		City & State			4. FEI Numbe	[*] 59-284010)7	·	pplied For ot Applicable	
Zip	Country Zip Co		Country		5. Certificate of Status Desired Status Desired Fee Required					
6. Name	and Address of Current R	legistered Agent			7. Name and	Address of New	Registered	Agent		
PERKINSON, 1115-A 62NI ST. PETERSE	, V. LEE D AVENUE, NORTH BURG FL 33702			ame reet Address (I	P.O. Box Numbe	er is Not Acceptab	ole)			
			Cr	ty			F	L Zip Cor	de	
 The above named entity the obligations of registions 		the purpose of changing its	registered of	fice or register	ed agent, or bo	th, in the State of F	Florida i an	n familiar with	. and accept	
SIGNATURE	t or printed name of ruginitized agent a:	nd title # applicable (NOT	E Registered Ager	n signature required	t when reinstating)		DATE			
After May 1, 20	II FEE IS \$150.00 06 Fee Will Be \$550.00 o Florida Department of	State		. <u></u>	· · · · ·	9. Election Cam Trust Fund Co		<u> </u>	.00 May Bailed to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	·····	ADDITIONS	CHANGES TO OF	FICERS AN			
} }	on, V. Lee 2nd avenue, North 28burg Fl 33702	🗖 Delete	TITLE NAME STRFFT ADI CITY-ST-Z			H000004 02/11/06-6	415060 30067-0	□ Change 04 158.		
STREET ADDRESS 1115-A 62	DN, JANE D 2ND AVENUE, NORTH RSBURG FL 33702	Delete	TITLE NAME Street Ad City-St-Z	- (🔲 Change	🔲 Addisis	
STREET ADDRESS 1115-A 62	DN, JANE D 2ND AVENUE, NORTH RSBURG FL 33702	Dejete	- TITLE NAME STREET AD CITY-ST-2	-				Change	🗋 Ađđiu,	
IFILE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-2					Change	At.""	
TITLE NAME STREET ADDRESS CITY - ST- ZIP		Delete	TITLE NAME STREET AD CITY - ST-7					🗌 Change	Athelic	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	, <u></u>	🗌 Delete	TITLE NAME STREET AC CITY-ST-2					Change	e 🔲 Aukaita	
indicated on this rep of the cornoration or	ort or supplemental report is the receiver or trustee emp attachment with an addres	h this filing does not qualify s true and accurate and that owered to execute this report s, with all other like empower with all other like empower finited name of signing office	: my signature ort as required ered	shali bave the	same legai elle	ict as il made lindi	er oath, thai hame appea	ars in Block 1	or of Block 11	