


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J88004 1. Entity Name LENS AND RIMS VISION CENTERS, INC.					
Principal Place of Business 1115-A 62ND AVENUE, NORTH ST. PETERSBURG FL 33702 US			Mailing Address 1115-A 62ND AVENUE, NORTH ST. PETERSBURG FL 33702 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2840107	
6. Name and Address of Current Registered Agent PERKINSON, V. LEE 1115-A 62ND AVENUE, NORTH ST. PETERSBURG FL 33702				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PCD PERKINSON, V. LEE 1115-A 62ND AVENUE, NORTH ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1100000415060 02/11/06-80067-004 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PERKINSON, JANE D 1115-A 62ND AVENUE, NORTH ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS PERKINSON, JANE D 1115-A 62ND AVENUE, NORTH ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE

CR2E034 (10/05)

FL

Zip Code

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

SIGNATURE:

[Handwritten Signature]
 PERKINSON, V. LEE
 President, Vision Centers, Inc.

1-28-06 (727) 522-7466
 Date Daytime Phone #