

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J88004

FILED
Apr 29, 2011
Secretary of State

Entity Name: LENS AND RIMS VISION CENTERS, INC.

Current Principal Place of Business:

1115-A 62ND AVENUE, NORTH
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

1115-A 62ND AVENUE, NORTH
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-2840107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINSON, V. LEE
1115-A 62ND AVENUE, NORTH
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: PERKINSON, V. LEE
Address: 1115-A 62ND AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: T
Name: PERKINSON, JANE D
Address: 1115-A 62ND AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VPDS
Name: PERKINSON, JANE D
Address: 1115-A 62ND AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: V LEE PERKINSON

PCD

04/29/2011

Electronic Signature of Signing Officer or Director

Date