


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90005 010 ***150.00

DOCUMENT # J94658			
1. Entity Name COUCH OPTICAL OF CARROLLWOOD, INC.			
Principal Place of Business 11749 N. DALE MABRY HWY. TAMPA, FL 33618-3503		Mailing Address 11749 N. DALE MABRY HWY. TAMPA, FL 33618-3503	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOBBBS, ROBERT S. THE LEGAL CENTER, SUITE 100 725 EAST KENNEDY BLVD. TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COUCH, DAVID 11749 N. DALE MABRY HWY. TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COUCH, DAVID P.O. Box 2195 Lutz, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, DAVID 11749 N. DALE MABRY HWY. TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, David P.O. Box 2195 Tampa Lutz, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, HELEN H. 5008 N. DALE MABRY HWY. TAMPA, FL <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <i>W. David Couch</i>		Date: <i>July 22, 2004</i> 813-205-3532	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

54067869



07202004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2849409 Applied For Not Applicable

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