

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K70786

FILED  
Jan 30, 2008  
Secretary of State

Entity Name: FIRST COAST EYEWEAR, INC.

**Current Principal Place of Business:**

2001 COLLEGE ST  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

FEI Number: 59-2935749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNEIDER, MICHAEL N.  
5150 BELFORT RD. BLG#100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

ANSBACHER & SCHNEIDER, PA  
5150 BELFORT RD. BLG#100  
JACKSONVILLE, FL 32256 US

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: ANSBACHER & SCHNEIDER, PA

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SPTD ( ) Delete  
Name: SCHNIPPER, ROBERT I DR  
Address: 2001 COLLEGE ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: V ( ) Delete  
Name: SCHNIPPER, ELLEN  
Address: 2001 COLLEGE STREET  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT I SCHNIPPER MD

P

01/30/2008

Electronic Signature of Signing Officer or Director

Date