

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 026 \*\*\*150.00

**DOCUMENT # L08222**

1. Entity Name  
**FLORIDA OPTICAL EXPRESS, INC.**



Principal Place of Business  
**160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701**



06152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2963075</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ISLER, JOHN L  
160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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**

TITLE	P
NAME	ISLER, JOHN L
STREET ADDRESS	524 MANOR ROAD 1742 Temple Drive
CITY-ST-ZIP	MAITLAND, FL 32751 Winter Park, FL 32789

TITLE	VP
NAME	GRUENBERG, PETER C
STREET ADDRESS	421 LAKEWOOD DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	S
NAME	PAPPAS, HARRY R
STREET ADDRESS	641 BONITA DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	T
NAME	FELDMAN, ROBERT
STREET ADDRESS	1316 GREEN COVE ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all duties like empowered.

**SIGNATURE:** \_\_\_\_\_ **John L. Isler, M.D. 6/18/07 407-834-7776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #