


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L44795
 1. Entity Name
 CHUCK STEVENSON, O.D., P.A.



Principal Place of Business 770 HIGHWAY 331 SOUTH SUITE 1 DEFUNIAK SPRINGS, FL 32433 US	Mailing Address 770 HIGHWAY 331 SOUTH SUITE 1 DEFUNIAK SPRINGS, FL 32433 US
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01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1874214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEVENSON, CHARLES G III
 770 HIGHWAY 331 S
 SUITE 1
 DEFUNIAK SPRINGS, FL 32433

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEVENSON III, CHARLES G 770 HIGHWAY, 331 SOUTH SUITE 1 DEFUNIAK SPRINGS, FL
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 01/19/05-80023-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 other like empowered.

SIGNATURE: Charles G. Stevenson III Date: 1/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #