

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2011  
Secretary of State**

DOCUMENT# N04000011832

Entity Name: THE SIGHT CENTER, INC.

**Current Principal Place of Business:**

2547 SPLITWOOD WAY  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2547 SPLITWOOD WAY  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 52-2450336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DONNELLY, THOMAS J ESQ  
1172 BROWNELL STREET  
CLEARWATER, FL 33756      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: D  
Name: HURTZ, MARSHA L  
Address: 2547 SPLITWOOD WAY  
City-St-Zip: CLEARWATER, FL 33761

Title: D  
Name: HURTZ, HENRY E JR  
Address: 2547 SPLITWOOD WAY  
City-St-Zip: CLEARWATER, FL 33761

Title: D  
Name: WALDREP, ROSA  
Address: 2022 CAMELOT DR APT 29  
City-St-Zip: CLEARWATER, FL 33763

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA L. HURTZ

D

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date