2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000116794

1. Entity Name
MENTOR CORPORATION

Principal Place of Business	Mailing Address
10903 BAL HARBOR DR. BOCA RATON, FL 33498	10903 BAL HARBOR DR. BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

03272005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-1069290		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLINE, SYDNEY
10403 BAL HARBOR DR.
BOCA RATON, FL 33498

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KLINE, SYDNEY
STREET ADDRESS	10903 BAR HARBOR DR.
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80097-013 150.00

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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)(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 all other like empowered.

SIGNATURE: _Sydney Kline Pres /SYDNEY KLINE 4/4/05 561-477-1790_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #