

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/8/2005-90027-006-\$150.00-\$150.00

DOCUMENT # P01000009017

1. Entity Name
JEROLD S. GREENFIELD, O.D., P.A.



FILED

05 JUL 20 PM 12:14

SECRET
TALLAHASSEE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1085423

Applied For
Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

GREENFIELD, JEROLD S
5735 AVENIDA REAL
PENSACOLA, FL 32504

**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

Signature (typed or printed name of registered agent and the filer if applicable)

NOTE: Registered Agent Signature is required when registering

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREENFIELD, JEROLD S
STREET ADDRESS	5735 AVENIDA REAL
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 my address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROLD S. GREENFIELD

7/8/05 1850

499-5646

VISIONS 2001

5100 N. 9th Avenue (Eyemasters inside Cordova Mall)
Pensacola, FL 32504 Office: (850) 477-7646

PROVIDING PROFESSIONAL
EYECARE IN EYEMASTERS

From the desk of



Dr. Jerold S. Greenfield, P.A.
OPTOMETRIC PHYSICIAN

7/26/05 - Tues

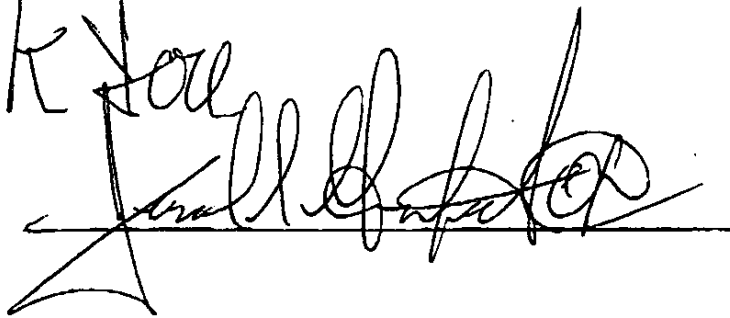
ATTN. Tirome Scott, -FAX-850-245-6017

RE Document # P01000009017

I have never received any Prior
Notice for the 2005 Annual Corporate
Report.

I have mailed in the following
Documents and paid \$150.00 on 7/2/05
check #1817.

Please waive the late fee.
Thank You



6 Pages

