

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065880

FILED
Jan 22, 2004
Secretary of State

Entity Name: ON-SIGHT EYE CARE SERVICES, INC.

Current Principal Place of Business:

401 E JACKSON STREET STE 2650
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

401 E JACKSON STREET STE 2650
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3732358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAHEEN, L JOSEPH JR
401 EAST JACKSON STREET
SUITE 2650
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWRENCE, DIANE
Address: 1602 GUILDS ROAD
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: GEE, DAVID A
Address: 6010 KESTREL POINT AVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GEE, RHONDA C
Address: 6010 KESTREL POINT AVE
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE LAWRENCE

D

01/22/2004

Electronic Signature of Signing Officer or Director

_____ Date