

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90061 026 ***150.00

DOCUMENT # P01000107852					
1. Entity Name EYESAVERS OPTICAL, INC.					
Principal Place of Business 5532 LEGEND HILLS LANE BROOKSVILLE FL 34609 US			Mailing Address 5532 LEGEND HILLS LANE BROOKSVILLE FL 34609 US		
2. Principal Place of Business 13501 ICOT BLVD			3. Mailing Address SAME		
Suite, Apt. #, etc. SUITE 112			Suite, Apt. #, etc. SAME		
City & State CLEARWATER FL			City & State SAME		
Zip 33760		Country USA		4. FEI Number 59-3754993	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARKON, ARON 5532 LEGEND HILLS LANE SPRING HILL FL 34609 →					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3700 MENDOCINO ST City NEW PORT RICHEY FL Zip Code 34655					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input type="checkbox"/> Delete AKRON, ARON M 5532 LEGEND HILLS LANE BROOKSVILLE FL 34609				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3700 MENDOCINO ST NEW PORT RICHEY FL 34655				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ 3/21/05 813-760-2261					