

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000110474

1. Entity Name

ACCENT ON EYES OPTICAL COMPANY



**FILED  
Mar 24, 2006 8:00 am  
Secretary of State**

03-24-2006 90028 016 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business  
2575 CLEVELAND AVE.  
FT. MYERS FL 33901

Mailing Address

2575 CLEVELAND AVE.  
FT. MYERS FL 33901

2. Principal Place of Business  
**40 Barkley Circle**  
Suite, Apt. #, etc.  
**one**

3. Mailing Address  
**1406 Sandra Dr.**

Suite, Apt. #, etc.

City & State  
**Ft. Myers FL**

City & State  
**Ft. Myers FL**

Zip  
**33907**

Country  
**USA**

Zip  
**33901**

Country

4. FEI Number  
**65-1159555**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNDERBERG, LAURIE L  
1406 SANDRA DR.  
FT. MYERS FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |  |   |
|--|--|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>UNDERBERG, LAURIE L<br>1406 SANDRA DR.<br>FT. MYERS FL 33901 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Laurie Underberg Laurie Underberg 2-10-06 3325665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**239**