

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90070 034 ***150.00

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| DOCUMENT # P01000110474 |  |
| 1. Entity Name ACCENT ON EYES OPTICAL COMPANY | |

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| Principal Place of Business 40 BARKLEY CIR # 1 FORT MYERS FL 33907 | Mailing Address 1406 SANDRA DR FORT MYERS FL 33901 |
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| 2. Principal Place of Business - No P.O. Box # 1406 Sandra Dr. | 3. Mailing Address Suite, Apt. #, etc. |
|--|---|

1st MOORE CR2E034 (10/06)

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|--------------|--------------|---|--|
| City & State | City & State | 4. FEI Number 65-1159555 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---|
| 6. Name and Address of Current Registered Agent UNDERBERG, LAURIE L 1406 SANDRA DR. FT. MYERS FL 33901 | 7. Name and Address of New Registered Agent Name Robert Underberg Street Address (P.O. Box Number is Not Acceptable) 1406 Sandra Dr. Ft. Myers, FL City FL Zip Code 33901 |
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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 Robert Underberg **Robert Underberg** 1-27-07
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, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP | PD UNDERBERG, LAURIE L 1406 SANDRA DR. FT. MYERS FL 33901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Mr. Robert Underberg 1406 Sandra Dr Fort Myers, FL 33901 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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: Robert Underberg **Robert Underberg** 1-25-07 239 332 5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #