


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90051 004 ***158.75

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| DOCUMENT # P02000099259 | |  |
| 1. Entity Name DR. JAMES WEBER & ASSOCIATES, P.A. | | |

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| Principal Place of Business INSIDE J.C. PENNEY OPTICAL 1910 WELLS ROAD ORANGE PARK, FL 32073 US | Mailing Address 2867 CIRCLE RIDGE DRIVE ORANGE PARK, FL 32065 |
|--|---|

50010357



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|--|---------------|---------------------|---------|
| 2. Principal Place of Business Adjacent to Wal-Mart Vision Center | | 3. Mailing Address | |
| Suite, Apt. #, etc. 14286 Beach Blvd. | | Suite, Apt. #, etc. | |
| City & State Jacksonville, FL | | City & State | |
| Zip 32250 | Country US | Zip | Country |

01272005 Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 52-2377481 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSD WEBER, JAMES 2867 CIRCLE RIDGE DRIVE ORANGE PARK, FL 32065 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BAKER, CYNDIE 2867 CIRCLE RIDGE DRIVE ORANGE PARK, FL 32065 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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"/> 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 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: James Weber, PhD, OD (James Weber, PhD, OD) 1/26/05 (904) 534-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #