

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90100 006 ***158.75

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1. Entity Name
OPTOMETRIC SERVICES, INC.



Principal Place of Business

**10751 CROOKED RIVER RD #202
BONITA SPRINGS, FL 34135**

Mailing Address

**10751 CROOKED RIVER RD #202
BONITA SPRINGS, FL 34135**

22321 Kenwood Rd #202
20034195



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0125785

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KATTOUF, JACQUELINE L
10751 CROOKED RIVER RD #202
BONITA SPRINGS, FL 34135**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KATTOUF, RICHARD DR**
STREET ADDRESS **10751 CROOKED RIVER RD #202**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **D**
NAME **KATTOUF, JACQUELINE L**
STREET ADDRESS **10751 CROOKED RIVER RD #202**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #