


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90002 037 ***150.00

DOCUMENT # P02000108699		
1. Entity Name OPTOMETRIC SERVICES, INC.		

Principal Place of Business 27321 KENWOOD ISLE DR BONITA SPRINGS, FL 34135	Mailing Address 22321 KENWOOD ISLE DR BONITA SPRINGS, FL 34135
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40119164



2. Principal Place of Business - No P.O. Box # 22321 Kenwood Isle Dr	3. Mailing Address 22321 Kenwood Isle Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05242007 Chg-P CR2E034 (12/06)

City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL
Zip 34135	Zip 34135
Country Lee	Country Lee

4. FEI Number 30-0125785	Applied For <input type="checkbox"/> Not Applicable
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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 KATTOUF, JACQUELINE L 10751 CROOKED RIVER RD #202 BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22321 Kenwood Isle Drive BONITA SPRINGS, FL City 34135 Zip Code FL	
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATTOUF, RICHARD DR 10751 CROOKED RIVER RD #202 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. RICHARD S. KATTOUF <input type="checkbox"/> Change <input type="checkbox"/> Addition 22321 KENWOOD ISLE DR BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATTOUF, JACQUELINE L 10751 CROOKED RIVER RD #202 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacqueline L. Kattouf <input type="checkbox"/> Change <input type="checkbox"/> Addition 22321 Kenwood Isle Dr. Bonita Springs, FL 34135
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
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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 	5/25/07	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			