

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132348

Entity Name: EMANUELE EYE CARE, INC

FILED  
Jan 05, 2005  
Secretary of State

## Current Principal Place of Business:

1619 DEL PRADO BLVD  
VISION CENTER  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

1619 DEL PRADO BLVD  
VISION CENTER  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 30-0137765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EMANUELE, KENNETH M  
6376 MORGAN LA FEE LN  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

EMANUELE, KENNETH M  
595 PECK AVE  
FORT MYERS, FL 33919 US

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.

SIGNATURE: KENNETH M EMANUELE

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EMANUELE, KENNETH M  
Address: 6376 MORGAN LA FEE LN  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EMANUELE, KENNETH M  
Address: 595 PECK AVE  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH EMANUELE

DR.

01/05/2005

Electronic Signature of Signing Officer or Director

Date