


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90294 048 ***150.00

DOCUMENT # P03000008703 1. Entity Name ABSOLUTE EYE CARE, INC.	
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Principal Place of Business 4500 S. HOPKINS AVE. SUITE B TITUSVILLE, FL 32780	Mailing Address 4500 S. HOPKINS AVE. SUITE B TITUSVILLE, FL 32780
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20042452



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4229683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, LINDA C 4500 S. HOPKINS AVE. SUITE B TITUSVILLE, FL 32780	DO NOT WRITE IN THIS SPACE
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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 _____

**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 NAME STREET ADDRESS CITY - ST - ZIP	PSD JOHNSON, LINDA C 4500 S. HOPKINS AVE. STE B TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD STOECKERT, MELISSA A 4500 S. HOPKINS AVE. STE B TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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

* 3/21/05
Date Daytime Phone #