

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90013 021 ***158.75

DOCUMENT # P03000016779

1. Entity Name
EYE CARE DISTRIBUTORS INT'L, INC.



Principal Place of Business
10769 OAK LAKE WAY
SUITE 100
BOCA RATON, FL 33498

Mailing Address
10769 OAK LAKE WAY
SUITE 100
BOCA RATON, FL 33498

50058530



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0826210 55-0826210	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELL, JEFF T PRES.
10769 OAK LAKE WAY
BOCA RATON, FL 33498

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	LOVELL, JEFF T PRES.
STREET ADDRESS	10769 OAK LAKE WAY
CITY - ST - ZIP	BOCA RATON, FL 33498

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

Date

Daytime Phone #

7.23.05

561.883.3769