2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# P03000090854

Entity Name: CONTACT LENS & FAMILY EYE CARE OF PENSACOLA, INC.

Current Principal Place of Business:

4400 BAYOU BLVD STE 38
PENSACOLA, FL 32503

New Principal Place of Business:

4400 BAYOU BLVD.
SUITE 38
PENSACOLA, FL 32503

Current Mailing Address:

4400 BAYOU BLVD STE 38
PENSACOLA, FL 32503

New Mailing Address:

4400 BAYOU BLVD.
SUITE 38
PENSACOLA, FL 32503

FEI Number: 57-1184025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, JILL S
4400 BAYOU BLVD STE 38
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

ANDERSON, JILL S OD
4400 BAYOU BLVD.
SUITE 38
PENSACOLA, FL 32503 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: DR. JILL S. ANDERSON, OD 02/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANDERSON, JILL S
Address: 4400 BAYOU BLVD STE 38
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: ANDERSON, JILL S OD
Address: 4400 BAYOU BLVD STE 38
City-St-Zip: PENSACOLA, FL 32503

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: JILL S. ANDERSON, OD DR. 02/15/2005
Electronic Signature of Signing Officer or Director Date