

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 05, 2012
Secretary of State

Entity Name: GULF BREEZE FAMILY EYECARE, INC.

Current Principal Place of Business:

5101 NORTH DAVIS PARKWAY
PENSACOLA, FL 32503 US

New Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 210
GULF BREEZE, FL 32561 US

Current Mailing Address:

5101 NORTH DAVIS PARKWAY
PENSACOLA, FL 32503 US

New Mailing Address:

5101 NORTH DAVIS HWY
PENSACOLA, FL 32503 US

FEI Number: 20-1006997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R. LANE LYNCHARD, P.A.
1901 ANDORRA STREET
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SPEAR, KATIE G
Address: 5101 NORTH DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503 US

I hereby 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 all other like empowered.

SIGNATURE: KATIE G SPEAR

MGRM

03/05/2012

Electronic Signature of Signing Officer or Director

Date