
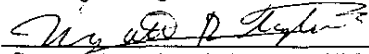
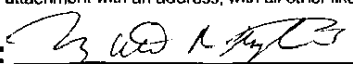


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 035 ***150.00

DOCUMENT # P04000086939 1. Entity Name VISION ARTS EYE CARE CENTER OF PERRY, INC.					
Principal Place of Business 1502 SOUTH JEFFERSON ST. PERRY, FL 32347			Mailing Address 1502 SOUTH JEFFERSON ST. PERRY, FL 32347		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 32348 Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip 32348 Country			
4. FEI Number 20-2373591				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01042008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TAYLOR, WYATT R 1502 SOUTH JEFFERSON ST. PERRY, FL 32347			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32348		
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  WYATT R. TAYLOR 01-04-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO TAYLOR, WYATT R 1502 SOUTH JEFFERSON STREET PERRY, FL 32348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, FAITH 1502 SOUTH JEFFERSON STREET PERRY, FL 32348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  WYATT R. TAYLOR 01-04-08 850 584 2408 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					