

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90022 040 ***150.00

DOCUMENT # P05000064422

1. Entity Name
MAXI EYECARE INC



Principal Place of Business
**3700 MENDOCINO STREET
NEW PORT RICHEY, FL 34655**

Mailing Address
**3700 MENDOCINO STREET
NEW PORT RICHEY, FL 34655**

2. Principal Place of Business
**4126 US Hwy 19 N.
Suite, Apt. #, etc.
NEW PORT RICHEY FL**

3. Mailing Address
**4126 US Hwy 19 N.
Suite, Apt. #, etc.
NM
City & State
NEW PORT RICHEY FL**



01192006 Chg-P CR2E034 (11/05)

Zip Country
34652 USA

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34652 USA

4. FEI Number Applied For
20-2778780 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARKON, ARON M MR.
3700 MENDOCINO STREET
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name **ARKON ARON M.**
Street Address (P.O. Box Number is Not Acceptable)

4126 US Hwy 19. NORTH.
City **NEW PORT RICHEY** FL Zip Code **34652**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/2006
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ARKON, ARON M MR.**
STREET ADDRESS **3700 MENDOCINO STREET**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4126 US HIGHWAY 19 N.**
CITY-ST-ZIP **NEW**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2006 813-760-2261
Date Daytime Phone #