2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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P05000079277

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000079277

1. Entity Name
HOWITT EYE CARE, INC.

Principal Place of Business
1460 NE 123RD ST.
NORTH MIAMI FL 33161

Mailing Address
1460 NE 123RD ST.
NORTH MIAMI FL 33161

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

1st MOORE CR2E034 (10/06) 07

4. FEI Number — Applied For / ✓ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWITT, DAVID
1460 NE 123RD ST.
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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 _____ 1/19/07
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when consented) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete
D HOWITT, DAVID 1460 NE 123RD ST. NORTH MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David Howitt Pres 1/19/07 305 891 0241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #