

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000100731

1. Entity Name  
EYELAND OPTICAL, INC.



Principal Place of Business  
851 EAST 23RD STREET  
PANAMA CITY, FL 32405

Mailing Address  
851 EAST 23RD STREET  
PANAMA CITY, FL 32405

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

10142008

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-5349078

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILVERSUM, CHEQUITA  
851 EAST 23RD STREET  
PANAMA CITY, FL 32405

Name  
BRENDA WAINWRIGHT

Street Address (P.O. Box Number is Not Acceptable)  
1410 MASS. AVE

City  
LYNN HAVEN

FL

Zip Code  
32444

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)

10/15/2008

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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  
PSD  
WAINWRIGHT, BRENDA  
851 EAST 23RD STREET  
PANAMA CITY, FL 32405 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
400137175884  
10/22/08--01048--012 \*\*\$61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
HILVERSUM, CHEQUITA  
851 EAST 23RD STREET  
PANAMA CITY, FL 32405 ☒ Delete

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

TITLE  
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☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2008

Date

850 215-3937

Daytime Phone #

10/17