

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90040 035 \*\*\*150.00

**DOCUMENT # P06000151673**

1. Entity Name  
**VIP EYE CARE & EYE WEAR, INC.**



Principal Place of Business Mailing Address  
**668 51ST AVENUE N** **668 51ST AVENUE N**  
**ST PETERSBURG, FL 33703 US** **ST PETERSBURG, FL 33703 US**

2. Principal Place of Business - No P.O. Box #  
**2300 4th ST North**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04022007 Chg-P CR2E034 (12/06)



City & State  
**St. Petersburg, Florida**  
Zip  
**33704** Country  
**US**

City & State  
Zip Country

4. FEI Number  
**20-8018061** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HENRI, MONA A**  
**668 51ST AVENUE N**  
**ST PETERSBURG, FL 33703**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 **HENRI, MONA A**  
STREET ADDRESS **668 51ST AVENUE N**  
CITY - ST - ZIP **ST PETERSBURG, FL 33703**

TITLE **VP** ☐ Delete  
NAME **HENRI, MONA A**  
STREET ADDRESS **668 51ST AVENUE N**  
CITY - ST - ZIP **ST PETERSBURG, FL 33703**

TITLE **S** ☐ Delete  
NAME **HENRI, MONA A**  
STREET ADDRESS **668 51ST AVENUE N**  
CITY - ST - ZIP **ST PETERSBURG, FL 33703**

TITLE **T** ☐ Delete  
NAME **HENRI, MONA A**  
STREET ADDRESS **668 51ST AVENUE N**  
CITY - ST - ZIP **ST PETERSBURG, FL 33703**

TITLE ☐ Delete  
NAME  
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  
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition  
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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: **x Henri A. Henri OP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 4/7/07 x 727-894-0500**  
Date Daytime Phone #