2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064428

Name:

Address:

City-St-Zip:

FLESHER, PAULINE S

551 KINGSBURY TERRACE

WELLINGTON, FL 33414

Entity Name: EYE-SITE OPTICAL WELLINGTON, INC.

FILED Apr 27, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	EST HILL BL\ TON, FL 334				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	EST HILL BL\ TON, FL 334				
FEI Number	: 26-2924737	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above	e of Florida.		urpose of changing its registere	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (FLESHER, MA 551 KINGSBU WELLINGTON	RY TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FLESHER, BE 136 SANTA M		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	s () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BEDONNA S FLESHER VP 04/27/2009