

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000023714

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** FILL IN EYECARE, INC

**Current Principal Place of Business:**

758 ARMADILLO DRIVE  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

2578 ENTERPRISE ROAD  
SUITE 137  
ORANGE CITY, FL 32763 US

**New Mailing Address:**

2578 ENTERPRISE ROAD  
SUITE 167  
ORANGE CITY, FL 32763 US

**FEI Number:** 27-5486946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOHLER, TONYA  
758 ARMADILLO DRIVE  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVP  
**Name:** KOHLER, TONYA  
**Address:** 758 ARMADILLO DRIVE  
**City-St-Zip:** DELTONA, FL 32725 US

**Title:** TSD  
**Name:** KOHLER, TONYA  
**Address:** 758 ARMADILLO DRIVE  
**City-St-Zip:** DELTONA, FL 32725 US

I hereby 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 all other like empowered.

**SIGNATURE:** TONYA KOHLER

PRES

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date