

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000107937

Entity Name: PEEPERS EYECARE, INC.

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

301 COLONY BLVD  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

301 COLONY BLVD  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 45-4189604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALMAN, IBRAHIM R  
4236 SW 32ND ST  
OCALA, FL 344749823 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: PST  
Name: SALMAN, IBRAHIM R  
Address: 4236 SW 32ND ST  
City-St-Zip: OCALA, FL 344749823

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: IBRAHIM SALMAN

PST

02/16/2012

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

\_\_\_\_\_  
Date