


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000000369 1. Entity Name EYE DOCS INC. OF SUNTREE					
Principal Place of Business 502 E. NEW HAVEN AVENUE MELBOURNE FL 32901 US			Mailing Address 502 E. NEW HAVEN AVENUE MELBOURNE FL 32901 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3169939	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FALLACE, JAMES H 1900 SO HICKLERY ST MELBOURNE FL 32901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
DATE				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				\$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				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DST PAYLOR, RALPH R 502 E. NEW HAVEN AVENUE MELBOURNE FL 32901				U000000346907 04/30/05-80094-012 158.75	
DV ZORBIS, ANDREW 502 E NEW HAVEN AVE. MELBOURNE FL 32901				Change Addition	
DP BROUSSARD, WILLIAM J 502 E NEW HAVEN AVE MELBOURNE FL 32901				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>William J. Broussard</i> PRESIDENT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM J. BROUSSARD					
Date: 4-28-05 Daytime Phone #: 321-726-4000					

