


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000048272		
1. Entity Name EYE4, INC.		
Principal Place of Business 4320 W. UNIVERSITY AVE GAINESVILLE, FL 32607	Mailing Address 4320 W. UNIVERSITY AVE GAINESVILLE, FL 32607	



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3194222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SEABROOK, ELEANOR B 4320 WEST UNIVERSITY AVE. GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, JEROME S 4320 W. UNIVERSITY AVE. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEABROOK, ELEANOR B 4320 W. UNIVERSITY AVE. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000247168
6/01/05-80011-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 I am empowered.

SIGNATURE:  **ELEANOR B. SEABROOK** **2/28/05** **352-338-7679**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #