2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# P93000068595

Entity Name: EYE DOCTORS OPTICAL OUTLET OF PINELLAS, P.A.

Current Principal Place of Business:

5709 JOHNS RD
#1209
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5709 JOHNS RD
#1209
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-3204702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIBLE, ROBERT W JR
4600 W CYPRESS STREET
SUITE 500
TAMPA, FL 33607 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEWENSON, ROBERT N
Address: 5709 JOHNS ROAD STE 1209
City-St-Zip: TAMPA, FL 33634

Title: PO ( ) Delete
Name: WEISBOND, STEVEN
Address: 5709 JOHNS ROAD STE 1209
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ROBERT LEWENSON D 04/16/2007

Electronic Signature of Signing Officer or Director Date