


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000004785	
1. Entity Name ST. JOHNS EYE CARE, PROFESSIONAL ASSOCIATION	

Principal Place of Business 2504 CRILL AVENUE PALATKA, FL 32177	Mailing Address 2504 CRILL AVENUE PALATKA, FL 32177
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3231099	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

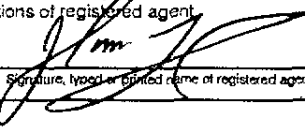
6. Name and Address of Current Registered Agent

**DEPUTY, GERALD R O.D.
440 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043**

**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



John Lennon Jr.

1-30-03
DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000033244
02/05/04-80036-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DEPUTY, GERALD R O.D.
STREET ADDRESS	7899 ST. RD 21
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656

TITLE	DVS
NAME	LENNON, JOHN JR.
STREET ADDRESS	704 SEABROOK COVE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	T
NAME	LENNON, SHARON
STREET ADDRESS	704 SEABROOK COVE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	S
NAME	DEPUTY, KIMBERLY
STREET ADDRESS	7899 ST. RD 21
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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

[Signature] *1-30-03*