

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90239 015 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3231099

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPUTY, GERALD R O.D.
~~440 LAKE ASBURY DRIVE~~ **2504 Crill Ave**
~~GREEN COVE SPRINGS, FL 32043~~ **Palatka, FL 32177**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Gerald Deputy O.D.

Gerald Deputy O.D.

3/23/06

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
DPT
DEPUTY, GERALD R O.D.
7899 ST. RD 21 2504 Crill Ave
KEYSTONE HEIGHTS, FL 32656 Palatka, FL 32177

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Gerald Deputy O.D.

Gerald Deputy O.D.

3/23/06

386-328-5141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #