


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000027210</b>	
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1. Entity Name  
FLEX EYES, INC.

Principal Place of Business  
5000 KRYSTAL DR.  
MILTON, FL 32571

Mailing Address  
5000 KRYSTAL DR.  
MILTON, FL 32571



03092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3242021	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COOPER, WAYNE R  
5000 KRYSTAL DR.  
MILTON, FL 32571

**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

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

(NOTE: Registered Agent signature required when re-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**

03/22/06-80063-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, WAYNE R 5000 KRYSTAL DR. MILTON, FL 32571
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**DO NOT WRITE  
IN THIS SPACE**

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:

*Wayne R. Cooper* WAYNE R. COOPER 3-9-06 450-994-6122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #