

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90045 001 \*\*\*150.00

DOCUMENT # P94000040762



1. Entity Name

OPTICAL BOUTIQUE OF MARCO, INC.

Principal Place of Business

599 SOUTH COLLIER BLVD.  
# 215  
MARCO ISLAND FL 34145

Mailing Address

599 SOUTH COLLIER BLVD.  
# 215  
MARCO ISLAND FL 34145

34032350

2. Principal Place of Business

599 South COLLIER BLVD  
Suite, Apt. #, etc.  
309

3. Mailing Address

599 South COLLIER BLVD.  
Suite, Apt. #, etc.  
309



MOORE

CR2E034 (11/03)

City & State

MARCO ISLAND

City & State

MARCO ISLAND

4. FEI Number

65-0506848

Applied For

Not Applicable

Zip

34145

Country

COLLIER

Zip

34145

Country

COLLIER

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B  
1104 N. COLLIER BLVD.  
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MARKOWSKI, GRETA  
STREET ADDRESS 599 S. COLLIER BLVD., #215 309  
CITY-ST-ZIP MARCO ISLAND FL 33937

TITLE TDS ☐ Delete  
NAME FICARRA, JOHN  
STREET ADDRESS 599 S. COLLIER BLVD., #215 309  
CITY-ST-ZIP MARCO ISLAND FL 33937

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X3-12-04

Date

239-6424776

Daytime Phone #