


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000040762</b>	
1. Entity Name OPTICAL BOUTIQUE OF MARCO, INC.	

Principal Place of Business 599 SOUTH COLLIER BLVD., #309 MARCO ISLAND, FL 34145	Mailing Address 599 SOUTH COLLIER BLVD., #309 309 MARCO ISLAND, FL 34145
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02172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0506848	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  GREUSEL, JAMIE B 1104 N. COLLIER BLVD. MARCO ISLAND, FL 33937
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKOWSKI, GRETA 599 SOUTH COLLIER BLVD., #309 MARCO ISLAND, FL 33937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS FICARRA, JOHN 599 SOUTH COLLIER BLVD., #309 MARCO ISLAND, FL 33937
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<p>U000000264953 03/16/05-80036-005 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 Greta Markowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*GRETA MARKOWSKI 3-15-05 239-6424776*