


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90116 048 ***158.75

DOCUMENT # P95000036741

1. Entity Name
NELSON EYE CENTER OPTOMETRISTS, INC.



50026303



Principal Place of Business Mailing Address
~~3355 BEARSS AVE~~ *16528 N. Dale Mabry Hwy*
 TAMPA, FL 33618 TAMPA, FL 33618

2. Principal Place of Business 3. Mailing Address
16528 N. Dale Mabry Hwy *16528 N. Dale Mabry Hwy*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01222005 Chg-P CR2E034 (10/03)

City & State City & State
Tampa, FL *Tampa, FL*
 Zip Country Zip Country
33618 U.S. *33618 U.S.*

4. FEI Number Applied For
59-3314171 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANDERS, WALTER
~~3355 BEARSS AVE~~ *16528 N. Dale Mabry Hwy*
 TAMPA, FL 33618

7. Name and Address of New Registered Agent
 Name *Walter Sanders*
 Street Address (P.O. Box Number is Not Acceptable) *16528 N. Dale Mabry Hwy*
 City *Tampa, FL* Zip Code *33618*

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 *Walter Sanders* *Walter Sanders* DATE *2/20/05*

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	D	<input type="checkbox"/> Delete
NAME	KRYM, ROBERT	
STREET ADDRESS	3355 BEARSS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRYM, PATRICIA	
STREET ADDRESS	3355 BEARSS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>16528 N. Dale Mabry Hwy</i>	
CITY-ST-ZIP	<i>Tampa, FL 33618</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>16528 N. Dale Mabry Hwy</i>	
CITY-ST-ZIP	<i>Tampa, FL 33618</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Robert Krym* *Robert Krym* DATE *3/8/05*