

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90077 039 ***150.00

DOCUMENT # P95000036751

1. Entity Name
EYEWEAR CENTER OF FLAGLER COUNTY, INC.



Principal Place of Business
50 CYPRESS POINT PARKWAY
C3-C4
PALM COAST, FL 32164 US

Mailing Address
50 CYPRESS POINT PARKWAY
C3-C4
PALM COAST, FL 32164 US

400000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3319072

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

HENDERSON, CRAIG A
~~435 LAMBERT AVE~~
FLAGLER BEACH, FL 32136

Name

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

409 Ocean Marina Dr

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

Craig A. Henderson

Craig A. Henderson

Craig A. Henderson

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, 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
P
HENDERSON, CRAIG A
~~435 LAMBERT AVE~~
FLAGLER BEACH, FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
409 Ocean Marina Dr

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HENDERSON, JUDY
~~435 LAMBERT AVE~~
FLAGLER BEACH, FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
409 Ocean Marina Dr

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☐ 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:

Craig A. Henderson

Craig A Henderson X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386) 446-2020