

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90044 018 ***150.00

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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

40019571



DO NOT WRITE IN THIS SPACE

02072007 No 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

HENDERSON, CRAIG A
409 OCEAN MARINA DR
FLAGLER BEACH, FL 32136

10 San Pablo Court
Palm Coast, FL 32137

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENDERSON, CRAIG A
STREET ADDRESS	409 OCEAN MARINA DR
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	V
NAME	HENDERSON, JUDY
STREET ADDRESS	409 OCEAN MARINA DR
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10 San Pablo Ct
Palm Coast, FL 32137

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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 another like empowered.

SIGNATURE:

Craig A. Henderson

02-07-07

(386) 446-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #