


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**


05-03-2004 90664 041 \*\*\*150.00

<b>DOCUMENT # P95000052425</b>	
1. Entity Name <b>SOUTH EAST EYE SPECIALISTS, INC.</b>	

Principal Place of Business <b>1415 TIMBERLANE ROAD TALLAHASSEE FL 32312</b>	Mailing Address <b>1415 TIMBERLANE ROAD TALLAHASSEE FL 32312</b>
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2. Principal Place of Business <b>1480 Timberlane Rd</b>	3. Mailing Address <b>1480 Timberlane Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tallahassee, FL</b>	City & State <b>Tallahassee, FL</b>
Zip <b>32312</b>	Zip <b>32312</b>
Country <b>USA</b>	Country <b>USA</b>

	
MOORE	CR2E034 (11/03)
4. FEI Number <b>59-3454539</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent <b>STEPHENS, JAMES A 1415 TIMBERLANE ROAD TALLAHASSEE FL 32312</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEPHENS, JAMES A</b> <b>1415 TIMBERLANE ROAD</b> <b>TALLAHASSEE FL 32312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/30/04** **250 893-4005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #