

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000080895

1. Entity Name  
EYE SOCIETY, INC.



Principal Place of Business  
1090 KANE CONCOURSE  
BAY HARBOR, FL 33154

Mailing Address  
1090 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0698176

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BUCK, PAULINE KOLKER  
1735 DAYTONIA ROAD  
MIAMI BEACH, FL 33141

**DO NOT WRITE  
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	PSTD
NAME	BUCK, PAULINE K OD
STREET ADDRESS	1090 KANE CONCOURSE
CITY-ST-ZIP	BAY HBR, FL 33154
TITLE	VPD
NAME	BUCK, EVAN
STREET ADDRESS	1090 KANE CONCOURSE
CITY-ST-ZIP	BAY HBR, FL 33154
TITLE	D
NAME	KOLKER, ABRAHAM
STREET ADDRESS	9801 COLLINS AVE 16Z
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000713173  
04/26/07-80078-024 150.00

**DO NOT WRITE  
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 all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 3058665427  
Date Daytime Phone #