## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090827

Entity Name: THE EYE MAN OPTICAL, INC.

FILED Apr 04, 2005 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

2201 SE INDIAN RD SUITE 182 STUART, FL 34997

**Current Mailing Address:** 

**New Mailing Address:** 

3340 SE FEDERAL HIGHWAY PMB 210

3275 SE FEDERAL HIGHWAY SUITE 314

STUART, FL 34997

STUART, FL 34997

FEI Number: 65-0707165

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BASTIDAS, FABIAN R

BASTIDAS, FABIAN R

3340 SE FÉDERAL HIGHWAY PMB 210

3275 SE FÉDERAL HIGHWAY SUITE 314

STUART, FL 34997

STUART, FL 34997 US

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.

Title:

Address:

SIGNATURE: FABIAN R. BASTIDAS

04/04/2005

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete

BASTIDAS, FABIAN R Name:

(X) Change ( ) Addition Name: BASTIDAS, FABIAN R

3340 SE FED HWY PMB 210 Address:

3275 SE FED HWY SUITE 314

City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997

Title: CP () Delete Name: BASTIDAS, KRISTINE

Title: CP (X) Change ( ) Addition Name: BASTIDAS, KRISTINE

3340 SE FED HWY PMB 210 Address:

Address: 3275 SE FED HWY SUITE 314

STUART, FL 34997 City-St-Zip:

STUART, FL 34997 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINE BASTIDAS CP 04/04/2005