

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90042 013 ***150.00

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1. Entity Name

PRIVATE EYES OPTICS OF DEERFIELD, INC.



Principal Place of Business

230 S. POWERLINE ROAD

1 DEERFIELD BEACH FL 33064
US

Mailing Address

230 S. POWERLINE ROAD

1 DEERFIELD BEACH FL 33064
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

Same Florida

City & State

Same

Zip

33442

Country

USA

Zip

33442

Country

US

6. Name and Address of Current Registered Agent

B m
MCCULLAN, BETH JO
4280 NW 13TH TERR
POMPANO BEACH FL 33065

230 S. Powerline Road Suite 1
Deerfield Beach FL 33442

7. Name and Address of New Registered Agent

Name

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

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

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, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	MCCULLAM, BETH JO	
STREET ADDRESS	4280 NW 1ST TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	Delete
NAME	RHODA, RICCO	
STREET ADDRESS	4280 NW 1ST TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
TITLE	S	Delete
NAME	RHODES, WILLIAM	
STREET ADDRESS	4280 NW 13 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	Beth Jo McCullam	
STREET ADDRESS	230 S. Powerline Road Suite 1	
CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-04

954-427-2133