


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

| | | | |
|---|---|---|--|
| DOCUMENT # P96000103969 | |  | |
| 1. Entity Name WILCOX OPTICIANS, P.A. | | | |
| Principal Place of Business 47 WEST ADAMS JACKSONVILLE FL 32202 | | Mailing Address 47 WEST ADAMS JACKSONVILLE FL 32202 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent WILCOX, JOHN O 9746 SHARING CROSS COURT JACKSONVILLE FL 32257 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPTS WILCOX, JOHN O 9746 SHARING CROSS COURT JACKSONVILLE FL 32257 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 02/04/05-80016-005 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John O. Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05 9043582828
Date Daytime Phone #