



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000103969</b> 1. Entity Name <b>WILCOX OPTICIANS, P.A.</b>					
Principal Place of Business      Mailing Address <b>47 WEST ADAMS</b> <b>47 WEST ADAMS</b> <b>JACKSONVILLE FL 32202</b> <b>JACKSONVILLE FL 32202</b>					
2. Principal Place of Business		3. Mailing Address		1st MOORE      CR2E034 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3417106</b> Applied For Not Applied	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent	
<b>WILCOX, JOHN O</b> <b>9746 SHARING CROSS COURT</b> <b>JACKSONVILLE FL 32257</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 registering)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing <b>\$5.00 May Added to Fee</b>					
10. OFFICERS AND DIRECTORS					
TITLE	DPTS	<input type="checkbox"/> Delete			
NAME	WILCOX, JOHN O				
STREET ADDRESS	9746 SHARING CROSS COURT				
CITY-ST-ZIP	JACKSONVILLE FL 32257				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS <b>W00000473339</b> CITY-ST-ZIP <b>03/31/06-80012-023 150.00</b>					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John O. Wilcox      John O. Wilcox      1-17-06      904-358-2828