

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007750

Entity Name: BABATZ & MAKI, P.A.

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

10000 GULF CENTER DRIVE  
C/O TARGET OPTICAL  
FT. MYERS, FL 33913 US

## Current Mailing Address:

7737 VICTORIA COVE CT  
FORT MYERS, FL 33908 US

## New Principal Place of Business:

10088 GULF CENTER DRIVE  
C/O COSTCO OPTICAL  
FT. MYERS, FL 33913 US

## New Mailing Address:

FEI Number: 65-0728155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHENKO, WILLIAM E JR.  
2801 ESTERO BLVD.  
SUITE C  
FT. MYERS BEACH, FL 33931 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BABATZ, MICHAEL W  
Address: 10000 GULF CENTER DRIVE  
City-St-Zip: FT. MYERS, FL 33901

Title: VTS ( ) Delete  
Name: MAKI, NADINE B  
Address: 4003 CLEVERLAND AVE C/O SEARS OPTICAL  
City-St-Zip: FT MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BABATZ, MICHAEL W  
Address: 10088 GULF CENTER DRIVE  
City-St-Zip: FT. MYERS, FL 33908

Title: VTS (X) Change ( ) Addition  
Name: MAKI, NADINE B  
Address: 10088 GULF CENTER DRIVE  
City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NADINE B. MAKI, OD

VTS

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date