

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90256 011 ***150.00

DOCUMENT # P97000054254	
1. Entity Name MARY M. FORESMAN OD P.A.	

Principal Place of Business JCPENNEY OPTICAL UNIVERSITY MALL 7171 N. DARIS HWY. PENSACOLA FL 32504	Mailing Address 2260 S. FEDERAL BLVD. #173 CRESTVIEW FL 32536
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2. Principal Place of Business JCPenney Optical University Mall Suite, Apt. #, etc. 7171 N. Davis Hwy City & State Pensacola FL	3. Mailing Address 2260 S. Federal Blvd Suite, Apt. #, etc. #173 City & State Crestview FL
Zip 32504	Country Escambia
Zip 32536	Country Okaloosa



MOORE CR2E034 (11/03)

4. FEI Number 65-0763588	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FORESMAN, MARY 2260 S. FEDERAL BLVD- #173 CRESTVIEW FL 32536	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2260 S. Federal Blvd #173 City FL Zip Code
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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 Mary M. Foreman president. 04/26/04
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORESMAN, MARY ☐ Delete 2260 S. FEDERAL BLVD. Fenton Blvd. CRESTVIEW FL 32536	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Mary M. Foreman Mary M. Foreman 04/26/04 850-902-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #