


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**


02-04-2004 90030 048 \*\*\*150.00

<b>DOCUMENT #</b> P99000059605	
<b>1. Entity Name</b> LISA OLECK GIBBONS, O.D., P.A.	

<b>Principal Place of Business</b> 3405 US HWY 17-92 SOUTH CASSELBERRY, FL 32707	<b>Mailing Address</b> 1506 CHESTNUT AVENUE WINTER PARK, FL 32789 US 1820 Windsor Drive Winter Park, FL 32789
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**DO NOT WRITE IN THIS SPACE**

01292004 No Chg-P CR2E034 (10/03)



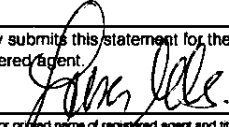
<b>4. FEI Number</b> 59-3584923	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

GIBBONS, LISA OLECK O.D.  
3405 US HWY 17-92 SOUTH  
CASSELBERRY, FL 32707

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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:  DATE: 1-29-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

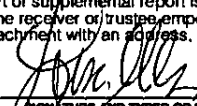
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> GIBBONS, LISA 1506 CHESTNUT AVE WINTER PARK, FL 32789 1820 Windsor Drive Winter Park, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:  DATE: 1-29-04 DAYTIME PHONE #: 407 644 3152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR