

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000077502

Entity Name: EAST COAST LENSES, INC.

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2344 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2344 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-0946845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOBERVILLE, GARY E  
2490 N FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GOBERVILLE, GARY E  
Address: 2490 N FEDERAL HIGHWAY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SVD  
Name: GOBERVILLE, TAWNIE L  
Address: 2490 N FEDERAL HIGHWAY  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: GARY GOBERVILLE

PRES

01/28/2011

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

\_\_\_\_\_  
Date