

NASE

5617430588

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90057 045 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # V40412

1. Entity Name
LEFFLER EYE CARE CENTER, INC.



Principal Place of Business Mailing Address

9810 ALT A1A 9810 ALT. A1A
 STE 107 STE-107
 PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33418 US

50005106



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0347555

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEFFLER, WILLIAM, JR.
 7886 150 CT N
 PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEFFLER, WILLIAM JR. 7886 150 CT N PALM BCH GDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAAS, DEBORAH 7886 150 CT N PALM BCH GDNS, FL
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: **WILLIAM G. LEFFLER JR.** 1-18-05 521-694-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES. OF LELL** Daytime Phone # **2239**