

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # V40412 1. Entity Name LEFFLER EYE CARE CENTER, INC.	
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Principal Place of Business 9810 ALT A1A STE 107 PALM BEACH GARDENS, FL 33410 US	Mailing Address 9810 ALT. A1A STE 107 PALM BEACH GARDENS, FL 33418 US
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01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0347555	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

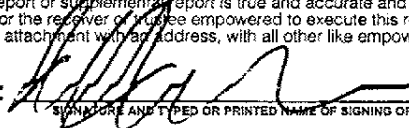
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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
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02/01/07-80036-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

321 644 2239
Daytime Phone #