

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000092095

**Entity Name:** 72 HOUR BLIND OF FLORIDA, INC.

**Current Principal Place of Business:**

3499 NW 97TH BLVD  
STE 13  
GAINESVILLE,, FL 32606

**Current Mailing Address:**

3499 NW 97TH BLVD  
STE 13  
GAINESVILLE,, FL 32606

**FEI Number:** 85-4124277

**Certificate of Status Desired:** No

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

KEBECK, DIANNA  
3499 NW 97TH BLVD S  
STE 13  
GAINESVILLE,, FL 32606 US

*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

**Officer/Director Detail :**

Title            P  
Name            WATERS, WILLIAM P  
Address        13452 NW STATE. RD. 45  
City-State-Zip: HIGH SPRINGS FL 32643

Title            P  
Name            KEBECK, JOHN S  
Address        388 SW BRECKENRIDGE LANE  
City-State-Zip: FORT WHITE FL 32038

*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:** WILLIAM WATERS

**PRESIDENT**

**04/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date