

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60219

Entity Name: A1A FAMILY EYE CARE, INC.

FILED  
Jan 20, 2004  
Secretary of State

**Current Principal Place of Business:**

3980 SOUTH THRID ST  
JACKSONVILLE BCH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

3980 SOUTH THRID ST  
JACKSONVILLE BCH, FL 32250

**New Mailing Address:**

FEI Number: 65-0090006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEN, GLENN K.  
353 E FORSYTH ST  
JACKSONVILLE, FL 32202

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HORNING, JAMES,  
Address: 3980 SOUTH THRID ST  
City-St-Zip: JACKSONVILLE BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: HORNING, JAMES,  
Address: 3980 SOUTH THRID ST  
City-St-Zip: JACKSONVILLE BCH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES A. HORNING

DR.

01/20/2004

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

\_\_\_\_\_ Date