

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000002018

1. Entity Name
DAVIS VISION, INC.



Principal Place of Business
**159 EXPRESS STREET
PLAINVIEW, NY 11803**

Mailing Address
**159 EXPRESS STREET
PLAINVIEW, NY 11803**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3051991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FROH, WALTER F
STREET ADDRESS	100 SENATE AVENUE
CITY- ST- ZIP	CAMP HILL, PA 170890153
TITLE	CD
NAME	GRAY, ROBERT C
STREET ADDRESS	FIFTH AVENUE PLACE, SUITE 3017
CITY- ST- ZIP	PITTSBURGH, PA 15222
TITLE	S
NAME	ENTERLINE, RICHARD J
STREET ADDRESS	1800 CENTER STREET 1A LEVEL 4
CITY- ST- ZIP	CAMP HILL, PA 170890089
TITLE	TASS
NAME	GABEL, LAWRENCE M
STREET ADDRESS	159 EXPRESS STREET
CITY- ST- ZIP	PLAINVIEW, NY 11803
TITLE	V
NAME	CARLOMUSTO, JOSEPH
STREET ADDRESS	159 EXPRESS STREET
CITY- ST- ZIP	PLAINVIEW, NY 11803
TITLE	D
NAME	BLANDINO, DAVID A
STREET ADDRESS	5230 CENTRE AVENUE
CITY- ST- ZIP	PITTSBURGH, PA 15232

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02/09/06-80031-015 158.75

**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

Date

Daytime Phone #

516-932-9500

Joseph Carlomusto, Chief Operating Officer