


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-07-2005 90077 035 ****70.00

DOCUMENT # N97000005103

1. Entity Name
DOWNTOWN VISION, INC.



Principal Place of Business
**214 N. HOGAN ST., #120
 JACKSONVILLE, FL 32202**

Mailing Address
**214 N. HOGAN ST., #120
 JACKSONVILLE, FL 32202**

66004392



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

01282005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3473060

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LORINCE, THERESA C
214 N. HOGAN ST., #120
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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)

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, JOHN M JR.	
STREET ADDRESS	200 LAURA STREET, THIRD FLOOR	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRELL, MICHAEL B	
STREET ADDRESS	121 W FORSYTH ST, STE 100	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN, BARRY	
STREET ADDRESS	815 S. MAIN ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, P. JEREMY	
STREET ADDRESS	9540 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORINCE, THERESA C	
STREET ADDRESS	214 N. HOGAN ST., #120	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crosby, Steve	
STREET ADDRESS	301 W. Bay St. Suite 800	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Theresa C Lorince*
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

3/3/05 *9046340803*
Date Daytime Phone #