

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005103

FILED
Jul 11, 2007
Secretary of State

Entity Name: DOWNTOWN VISION, INC.

Current Principal Place of Business:

214 N. HOGAN ST., #120
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

214 N. HOGAN ST., #120
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3473060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELCH, JOHN M JR.
Address: 200 LAURA STREET, THIRD FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: CROSBY, STEVE
Address: 301 W BAY ST STE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: VAUGHN, BARRY
Address: 815 S. MAIN ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SMITH, P. JEREMY
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: LORINCE, THERESA C
Address: 214 N. HOGAN ST., #120
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA C. LORINCE

D

07/11/2007

Electronic Signature of Signing Officer or Director

Date