


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90009 034 ***150.00

DOCUMENT # P0000002445

1. Entity Name
NEW VISION PRODUCTION SERVICES, INC.



Principal Place of Business Mailing Address
3517 CARDINAL BOULEVARD **PO BOX 290867**
DAYTONA BEACH, FL 32127 **PORT ORANGE, FL 32129**

54066167



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03202003 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3616921 Not Applicable

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

6. Name and Address of Current Registered Agent

MCMILLAN, KATHRYN
3517 CARDINAL BOULEVARD
DAYTONA BEACH, FL 32127

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 *Kathryn F McMillan* **KATHRYN F MCMILLAN** **7-16-04**
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MCMILLAN, KATHRYN F	
STREET ADDRESS	PO BOX 290867	
CITY-ST-ZIP	PORT ORANGE, FL 32129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 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: *Kathryn F McMillan* **7-16-04** **(888) 390 6108**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment 54066167

DOCUMENT # P0000002445

NEWVISION PRODUCTION SERVICES, INC.



Principal Place of Business: 3877 CARDINAL BOULEVARD DAYTONA BEACH, FL 32127

Mailing Address: PO BOX 290867 PORT ORANGE, FL 32129



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3616921

5. Certificate of Status Desires: \$875 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, KATHRYN
3877 CARDINAL BOULEVARD
DAYTONA BEACH, FL 32127

DO NOT WRITE IN THIS SPACE

I, 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: *Kathryn F. McMillan* KATHRYN F. MCMILLAN 6-30-04

FILE NOW!! FEB 18 \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS	
TITLE: PSTD NAME: MCMILLAN, KATHRYN F STREET ADDRESS: PO BOX 290867 CITY: ST: ZIP: PORT ORANGE, FL 32129	
TITLE: NAME: STREET ADDRESS: CITY: ST: ZIP:	
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DO NOT WRITE IN THIS SPACE

12. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I made under oath that I am an officer, 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 13 of Block 11 of this report, or on an attachment with an agreement with a similar like empowered.

SIGNATURE: *Kathryn F. McMillan* 6-30-04



Attachment
526066167

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 26, 2004

NEW VISION PRODUCTION SERVICES, INC.
PO BOX 290867
PORT ORANGE, FL 32129

SUBJECT: NEW VISION PRODUCTION SERVICES, INC.
Ref. Number: P0000002445

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 488-9000. 245-6059

Katrina Sutphin

Letter Number: 604A00036902

Katrina

Here is my second report + the returned checks.

Hope this clears everything up

Thank you

Kathryn McMillan