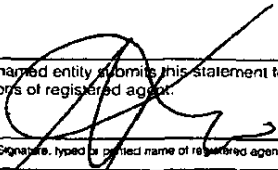
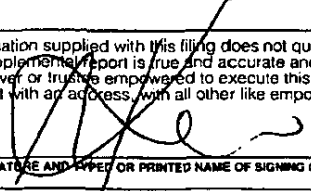


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-07-2004 90047 007 ***150.00

DOCUMENT # P03000042903 -			
1. Entity Name KONOWAL VISION, INC.			
Principal Place of Business 9450 CORKSCREW DR, UNIT 2, BLDG 102 ESTERO FL 33928		Mailing Address 9450 CORKSCREW DR, UNIT 2, BLDG 102 ESTERO FL 33928	
2. Principal Place of Business 9500 CORKSCREW PALM CIR		3. Mailing Address 9500 CORKSCREW PALM CIRCLE	
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc. SUITE 3	
City & State ESTERO FL		City & State ESTERO FL	
Zip 33928	Country	Zip 33928	Country
6. Name and Address of Current Registered Agent KONOWAL, ALEXANDRA 9450 CORKSCREW DR, UNIT 2, BLDG 102 ESTERO FL 33928		7. Name and Address of New Registered Agent Name KONOWAL, ALEXANDRA Street Address (P.O. Box Number is Not Acceptable) 9500 CORKSCREW PALM CIRCLE, SUITE 3 City ESTERO FL Zip Code 33928	
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  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 3/31/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONOWAL, ALEXANDRA 9450 CORKSCREW DR, UNIT 2, BLDG 102 ESTERO FL 33928 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KONOWAL, ALEXANDRA 9500 CORKSCREW PALM CIRCLE, SUITE 3 ESTERO, FL 33928 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 3/31/04 Daytime Phone # 235-941-7555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

00414692



MOORE CR2E034 (11/03)

4. FEI Number
51-0461035

Applied For
Not Applicable

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