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	Mailing Address
9450 CORKSCREW DR, UNIT 2, BLDG 102 ESTERO FL 33928	9450 CORKSCREW DR, UNIT 2, BLDG 102 ESTERO FL 33928

06914692

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
9500 CORKSCREW PALM CIR		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

4. FEI Number 51-0461035 ☐ Applied For ☐ Not Applicable

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

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 [signature] 3/31/04
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
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	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	KONOWAL, ALEXANDRA		NAME	KONOWAL, ALEXANDRA	
STREET ADDRESS	9450 CORKSCREW DR, UNIT 2, BLDG 102		STREET ADDRESS	9500 CORKSCREW PALM CIRCLE, SUITE 3	
CITY-ST-ZIP	ESTERO FL 33928		CITY-ST-ZIP	ESTERO, FL 33928	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 3/31/4 239-948-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #