

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90100 040 ***150.00



DOCUMENT # P96000049153
 1. Entity Name
GCG VISION, INC.

Principal Place of Business Mailing Address
4604 DUMONT STREET **4604 DUMONT STREET**
NEW PORT RICHEY FL 34653 **NEW PORT RICHEY FL 34653**

2. Principal Place of Business 3. Mailing Address
4604 DUMONT ST **4604 DUMONT ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
New Port Richey **New Port Richey**
 Zip Country Zip Country
34653 **USA** **34653** **USA**
Pasco - Co. **Pasco - Co.**

1st MOORE CR2E034 (10/04)
 4. FEI Number Applied For
65-0694378 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NELSON, CAROLE J
711 N. HALIFAX AVE APT#407
DAYTONA BEACH FL 32115

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	NELSON, CAROLE J	
STREET ADDRESS	5700 COLLINS AVE 16J	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	P	<input type="checkbox"/> Delete
NAME	TARRANTS, ORVIL E	
STREET ADDRESS	4604 DUMDNT ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TARRANTS, BARBARA	
STREET ADDRESS	4604 DUMDNT ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTAKER, WILLIAM DANIEL	
STREET ADDRESS	1421 FERRIEH DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDIE, JANET ANN	
STREET ADDRESS	14111 DUFFIELD RD	
CITY-ST-ZIP	MONTROSE MI 48457	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARRANTS, GERALD E	
STREET ADDRESS	14111 DUFFIELD RD	
CITY-ST-ZIP	MONTROSE MI 48457	

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: Orvil E. Tarrants ORVIL E. TARRANTS 4-11-05 727-3767353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #