

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000073303

Entity Name: LIGHT VISUALLY TRANSCEIVING SYSTEM CORPORATION**Current Principal Place of Business:**

MAIL CODE: LVX

KENNEDY SPACE CENTER, FL 32899

Current Mailing Address:25 6TH AVENUE NORTH
ST. CLOUD, MN 56303 US**FEI Number:** 26-0232883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 US*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:** DAVID ROBERTS

02/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	PEDERSON, FELICITY-JOHN C
Address	MAIL CODE: LVX
City-State-Zip:	KENNEDY SPACE CENTER FL 32899

Title	DIRECTOR
Name	PEDERSON, IRENE C
Address	MAIL CODE: LVX
City-State-Zip:	KENNEDY SPACE CENTER FL 32899

Title	CEO
Name	PEDERSON, FELICITY-JOHN C
Address	MAIL CODE: LVX
City-State-Zip:	KENNEDY SPACE CENTER FL 32899

Title	TREASURER
Name	PEDERSON, IRENE C
Address	MAIL CODE: LVX
City-State-Zip:	KENNEDY SPACE CENTER FL 32899

Title	C.F.O
Name	MURRAY, TIMOTHY
Address	MAIL CODE: LVX
City-State-Zip:	KENNEDY SPACE CENTER FL 32899

Title	DIRECTOR
Name	PEDERSON, FELICITY-JOHN C
Address	MAIL CODE: LVX
City-State-Zip:	KENNEDY SPACE CENTER FL 32899

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FELICITY-JOHN C PEDERSON

CHAIRMAN

02/23/2025

Electronic Signature of Signing Officer/Director Detail

Date