



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F01000005910 1. Entity Name IN.VISION RESEARCH CORPORATION |  |
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| Principal Place of Business 150 2ND AVENUE NORTH, 5TH FLOOR ST. PETERSBURG, FL 33701 | Mailing Address 150 2ND AVENUE NORTH, 5TH FLOOR ST. PETERSBURG, FL 33701 |
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 33-0729450 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FRISKE, JOHN D JR.
150 2ND AVENUE NORTH, 5TH FLOOR
ST. PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD FRISKE, JOHN D JR. 150 2ND AVENUE NORTH, 5TH FLOOR ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BOSES, MICHAEL 150 2ND AVENUE NORTH, 5TH FLOOR ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD FRISKE, JOHN D SR. 150 2ND AVENUE NORTH, 5TH FLOOR ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARVEY, SCOTT D 150 2ND AVENUE NORTH, 5TH FLOOR ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAIT, PHILIP B 150 2ND AVENUE NORTH, 5TH FLOOR ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/20/08-80001-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOHN D. FRISKE** 04/25/08 727-822-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #