
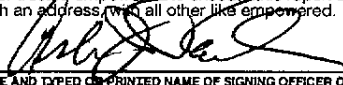


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005747		
1. Entity Name R-VISION, INC.		
Principal Place of Business 2666 S COUNTRY CLUB RD WARSAW, IN 46580 US		Mailing Address PO BOX 4538 ELKHART, IN 46514 US
DO NOT WRITE IN THIS SPACE		
		01052004 No Chg-P CR2E034 (10/03)
4. FEI Number 35-1963151		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC WARRICK, WILLIAM L 1628 W BEARDSLEY AVE ELKHART, IN 46514	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PAUL, ARLEN J 1628 W BEARDSLEY AVE ELKHART, IN 46514	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE 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, and all other like empowered.		
SIGNATURE:  Arlen J. Paul		CFO/Secretary 1/22/04 574/389-3500 Date Daytime Phone #