## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J10229

FILED Mar 18, 2009 Secretary of State

Entity Name: BEACON VISION CENTER, INC.					
Current Principal Place of Business:	New Princip	New Principal Place of Business:			
1320 SHELFER ST LEESBURG, FL 34748 US					
Current Mailing Address:	New Mailing	New Mailing Address:			
% GARY L. SUMMERS 380 WEST ALFRED STREET TAVARES, FL 32778					
FEI Number: 59-2745795 FEI Number Applied For ( )	FEI Number Not Applica	able ( )	Certificate of Status Desired	( )	
Name and Address of Current Registered Agent:	Name and A	ddress of I	New Registered Agent:		
SUMMERS, GARY L. 380 WEST ALFRED STREET TAVARES, FL 32778 US					
The above named entity submits this statement for the pur in the State of Florida.	pose of changing its	registered o	office or registered agent, o	r both,	
SIGNATURE:					
Electronic Signature of Registered Agent			Date		
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: DTS () Delete Name: NAUMANN, JOHN J Address: 1601 STAFFORD DR. City-St-Zip: LEESBURG. FL	Name: N Address: 1	OTS (X NAUMANN, JO 1320 SHELFEI LEESBURG, F	R ST		

Title: DTS () Delete Title: DTS (X) Change () Addition Name: NAUMANN, JOHN J Name: NAUMANN, JOHN J Address: 1601 STAFFORD DR. Address: 1320 SHELFER ST City-St-Zip: LEESBURG, FL City-St-Zip: LEESBURG, FL 34748

Title: DP () Delete Title: () Change () Addition Name: DUCHARME, ALBERT R O.D. Name: Address: 1320 SHELFER ST Address: City-St-Zip: LEESBURG, FL 34748

City-St-Zip: LEESBURG, FL 34748

City-St-Zip: LEESBURG, FL 34748

Title: D () Delete Title: () Change () Addition Name: BERRY, JAMES K O.D Name:

 Name:
 BERRY, JAMES K O.D
 Name:

 Address:
 1320 SHELFER ST
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN J NAUMANN DTS 03/18/2009