

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90115 044 ***158.75

DOCUMENT # K76921

1. Entity Name
COLORVISION INTERNATIONAL, INC.



Principal Place of Business
8250 EXCHANGE DR
SUITE 132
ORLANDO, FL 32809 US

Mailing Address
8250 EXCHANGE DR
SUITE 132
ORLANDO, FL 32809 US

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2939257

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

SIMMONS, RICHARD L.
8250 EXCHANGE DR
SUITE 132
ORLANDO, FL 32809

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SIMMONS, RICHARD L.
8250 EXCHANGE DR SUITE 132
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LUTZ, MARILYN
8250 EXCHANGE DR SUITE 132
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN LUTZ

1/5/06

407/851-0103

Date

Daytime Phone #