


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90038 014 \*\*\*\*61.25

<b>DOCUMENT # N00000003074</b> 1. Entity Name <b>LIGHT INVISIBLE, INC.</b>																																																																																																																	
Principal Place of Business <b>4412 SMALL POND LN. TALLAHASSEE, FL 32312</b>			Mailing Address <b>4412 SMALL POND LN. TALLAHASSEE, FL 32312</b>																																																																																																														
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
6. Name and Address of Current Registered Agent  <b>BOWLING, TERESA 4412 SMALL POND LN. TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																													
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) DATE</small>																																																																																																																	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOWLING, TERESA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4412 SMALL POND LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32312</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOWLING, DOUGLAS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4412 SMALL POND LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32312</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TACKETT, JOHN B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 2864</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PIKEVILLE, KY 41502</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HYLTON, BETTY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>141 S. FLAT CREEK RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEVIERVILLE, TN 37876</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SANDERS, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4199 West 76th Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Westminster Colorado 80030</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	BOWLING, TERESA		STREET ADDRESS	4412 SMALL POND LANE		CITY-ST-ZIP	TALLAHASSEE, FL 32312		TITLE	D	<input type="checkbox"/> Delete	NAME	BOWLING, DOUGLAS M		STREET ADDRESS	4412 SMALL POND LANE		CITY-ST-ZIP	TALLAHASSEE, FL 32312		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	TACKETT, JOHN B		STREET ADDRESS	PO BOX 2864		CITY-ST-ZIP	PIKEVILLE, KY 41502		TITLE	D	<input type="checkbox"/> Delete	NAME	HYLTON, BETTY		STREET ADDRESS	141 S. FLAT CREEK RD.		CITY-ST-ZIP	SEVIERVILLE, TN 37876		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SANDERS, KAREN		STREET ADDRESS	4199 West 76th Avenue		CITY-ST-ZIP	Westminster Colorado 80030		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																															
NAME	BOWLING, TERESA																																																																																																																
STREET ADDRESS	4412 SMALL POND LANE																																																																																																																
CITY-ST-ZIP	TALLAHASSEE, FL 32312																																																																																																																
TITLE	D	<input type="checkbox"/> Delete																																																																																																															
NAME	BOWLING, DOUGLAS M																																																																																																																
STREET ADDRESS	4412 SMALL POND LANE																																																																																																																
CITY-ST-ZIP	TALLAHASSEE, FL 32312																																																																																																																
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																															
NAME	TACKETT, JOHN B																																																																																																																
STREET ADDRESS	PO BOX 2864																																																																																																																
CITY-ST-ZIP	PIKEVILLE, KY 41502																																																																																																																
TITLE	D	<input type="checkbox"/> Delete																																																																																																															
NAME	HYLTON, BETTY																																																																																																																
STREET ADDRESS	141 S. FLAT CREEK RD.																																																																																																																
CITY-ST-ZIP	SEVIERVILLE, TN 37876																																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																															
NAME	SANDERS, KAREN																																																																																																																
STREET ADDRESS	4199 West 76th Avenue																																																																																																																
CITY-ST-ZIP	Westminster Colorado 80030																																																																																																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
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 617, 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.																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b> <i>Teresa Bowling</i> <b>Teresa Bowling</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%;">         Date <b>4.5.04</b>          Daytime Phone # <b>850 272.4966</b> </div> </div>																																																																																																																	



04052004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3682478** Applied For ☐ Not Applicable ☐

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