

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003074

1. Entity Name
LIGHT INVISIBLE, INC.



Principal Place of Business
4412 SMALL POND LN.
TALLAHASSEE, FL 32312

Mailing Address
4412 SMALL POND LN.
TALLAHASSEE, FL 32312



05022008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3682478

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOWLING, TERESA
4412 SMALL POND LN.
TALLAHASSEE, FL 32312

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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

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000947260
06/02/08-80007-006 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOWLING, TERESA
STREET ADDRESS 4412 SMALL POND LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME BOWLING, DOUGLAS M
STREET ADDRESS 4412 SMALL POND LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME BOWLING, JOSHUA D
STREET ADDRESS 4412 SMALL POND LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME HYLTON, BETTY
STREET ADDRESS 141 S. FLAT CREEK RD.
CITY-ST-ZIP SEVIERVILLE, TN 37876

TITLE
NAME
STREET ADDRESS
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Teresa Bowling Teresa Bowling 5/1/08 850.445.2044