
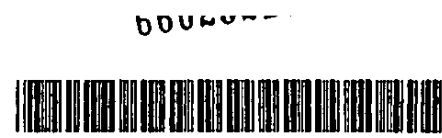


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-25-2005 90546 001 ***253.75

DOCUMENT # N03000010613			
1. Entity Name SCHOOL OF VISION EDUCATIONAL & VOCATION TRAINING CENTER, INCORPORATION			
Principal Place of Business 5608 N. NEBRASKA AVENUE TAMPA, FL 33604		Mailing Address 5608 N. NEBRASKA AVENUE TAMPA, FL 33604	
2. Principal Place of Business <i>3001 EAST HANNA Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 15186</i> Suite, Apt. #, etc.	
City & State <i>TAMPA, Florida</i>		City & State <i>TAMPA, FL</i>	
Zip <i>33610</i>	Country <i>USA</i>	Zip <i>33684</i>	Country <i>USA</i>
4. FEI Number 41-2118840		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, STEPHEN M REV. 10743 GLEN ELLEN DRIVE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE OFF NAME STREET ADDRESS CITY-ST-ZIP	<i># 0</i> JACKSON, STEPHEN N REV. PO BOX 15186 TAMPA, FL 33684 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<i>Folks, Julia</i> <i>P.O. Box 15186</i> <i>TAMPA, FL 33684</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>0 M</i> JACKSON, ELIZABETH A PO BOX 15184 TAMPA, FL 33684 <input type="checkbox"/> Delete <i>SD</i>	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<i>Smith, FRANK</i> <i>P.O. Box 15186</i> <i>TAMPA, FL 33684</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, FRED PO BOX 15186 TAMPA, FL 33684 <input type="checkbox"/> Delete	TITLE OFF NAME STREET ADDRESS CITY-ST-ZIP	<i>PAUL CARFF</i> <i>PO Box 15186</i> <i>TAMPA, FL 33684</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Folks, Julia</i> <i>P.O. Box 15186</i> <i>TAMPA, FL 33684</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>FRANK Smith</i> <i>P.O. Box</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>			



05102005 Chg-NP CR2E037 (10/03)