


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90033 001 ***249.00

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1. Entity Name
 SCHOOL OF VISION EDUCATIONAL & VOCATION
 TRAINING CENTER, INCORPORATION



Principal Place of Business 3001 EAST HANNA AVE TAMPA, FL 33610	Mailing Address P.O. BOX 15186 TAMPA, FL 33684
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66016194



08252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2118840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACKSON, STEPHEN M REV.
 3001 EAST HANNA AVENUE
 TAMPA, FL 33610

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

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

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	D JACKSON, STEPHEN N REV. PO BOX 15186 TAMPA, FL 33684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ELIZABETH A PO BOX 15184 TAMPA, FL 33684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, STEPHANIE 3001 EAST HANNA AVENUE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, SIMONE 3001 EAST HANNA AVENUE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  **Stephen N. Jackson** 8/29/08 813-221-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #