

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005103

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: DOWNTOWN VISION, INC.

## Current Principal Place of Business:

214 N. HOGAN ST., #120  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

214 N. HOGAN ST., #120  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 59-3473060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LORINCE, THERESA C  
214 N. HOGAN ST., #120  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WELCH, JOHN M JR.  
Address: 200 LAURA STREET, THIRD FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: CROSBY, STEVE  
Address: 301 W BAY ST STE 800  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: VAUGHN, BARRY  
Address: 815 S. MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: SMITH, P. JEREMY  
Address: 9540 SAN JOSE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: LORINCE, THERESA C  
Address: 214 N. HOGAN ST., #120  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA C. LORINCE

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date