

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90009 034 \*\*\*150.00

**DOCUMENT # P00000002445**



1. Entity Name  
**NEW VISION PRODUCTION SERVICES, INC.**

Principal Place of Business  
**3517 CARDINAL BOULEVARD  
DAYTONA BEACH, FL 32127**

Mailing Address  
**PO BOX 290867  
PORT ORANGE, FL 32129**

**54066167**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202003

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3616921**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMILLAN, KATHRYN  
3517 CARDINAL BOULEVARD  
DAYTONA BEACH, FL 32127**

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

*Kathryn F McMillan*

**KATHRYN F MCMILLAN**

**7-16-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete  
NAME **MCMILLAN, KATHRYN F**  
STREET ADDRESS **PO BOX 290867**  
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

*Kathryn F McMillan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


**7-16-04**

Date

**(888) 390 6108**  
Daytime Phone #

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

*Attachment*  
*54066167*

<b>DOCUMENT #</b> P0000002445	
<b>NEW VISION PRODUCTION SERVICES, INC.</b>	

<b>Principal Place of Business</b> 3517 CARDINAL BOULEVARD DAYTONA BEACH, FL 32127	<b>Mailing Address</b> PO BOX 290867 PORT ORANGE, FL 32129
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07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3616921	<b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applied For</b>
<b>5. Certificate of Status Descr</b>	<input type="checkbox"/> <b>\$875 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MCMILLAN, KATHRYN 3517 CARDINAL BOULEVARD DAYTONA BEACH, FL 32127
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**DO NOT WRITE IN THIS SPACE**

I, 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** *Kathryn F. McMillan* **KATHRYN F. MCMILLAN** **6-30-04**

Signature, typed or printed name of registered agent and title in each space. NOTE: Registered Agent's signature required for all registrations.

**FILE NOW!!! FEB IS \$150.00**  
**Due by September 8, 2004**

<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PSTD MCMILLAN, KATHRYN F PO BOX 290867 PORT ORANGE, FL 32129
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. Hereby, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I 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 605, Florida Statutes, and that my name appears in Block 13(c), Block 11, if changed, or on an attachment with an addressee with a similar like empowered.**

**SIGNATURE** *Kathryn F. McMillan*

*6-30-04*



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 26, 2004

NEW VISION PRODUCTION SERVICES, INC.  
PO BOX 290867  
PORT ORANGE, FL 32129

SUBJECT: NEW VISION PRODUCTION SERVICES, INC.  
Ref. Number: P00000002445

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 488-9000. 245-6059

Katrina Sutphin

Letter Number: 604A00036902

*Katrina*

*Here is my second report + the returned checks.*

*Hope this clears everything up*

*Thank you*

*Kathryn McMillan*