



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000073931 1. Entity Name INSIGHT VISION PLAN, INC.	
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FILED
05 JAN 14 PM 2: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 285 W 74 PLACE HIALEAH, FL 33014	Mailing Address 285 W 74 PLACE HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1129719	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, DANA A
ONE SE THIRD AVE 28 FL
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MESSA, ROBERT 285 WEST 74 PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, JEFFRY 285 WEST 74 PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO QUENTEL, PAUL 285 WEST 74 PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DUNBAR, DAVID 285 WEST 74 PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05--01043--013 **158.75

**DO NOT WRITE
IN THIS SPACE**

JS 1/14

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #