

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000053149**

1. Entity Name

VISION ONE TOTAL EYECARE NETWORK, INC.



Principal Place of Business

4848 SOUTH PENINSULA DRIVE  
PONCE INLET, FL 32127

Mailing Address

4848 SOUTH PENINSULA DRIVE  
PONCE INLET, FL 32127



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number

32-0013534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HAYNES, MICHAEL L  
4848 S. PENINSULA DRIVE  
PONCE INLET, FL 32127

**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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

UD00000170588  
08/23/04-80002-003 550.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HAYNES, MICHAEL L  
4848 S PENINSULA DRIVE  
PONCE INLET, FL 32127

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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 #

1 8/23/04 (88) 24-4431