

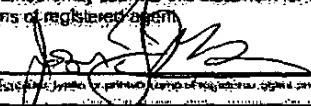
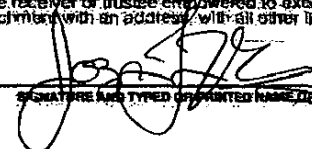


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90080 041 ***150.00

DOCUMENT # P02000092929 1. Entity Name FLORIDAVUE, INC.					
Principal Place of Business 2885 LONGLEAF LANE PALM HARBOR, FL 34684 US			Mailing Address 9300 REGENCY PARK BLVD. PORT RICHEY, FL 34668 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04062004 Chg-P CR2E034 (10/03) 81-0572885	
Zip		Country		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLEMAN, JASON T 2885 LONGLEAF LN PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2885 LONGLEAF LANE City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: 				Jason T. Milleman 4/9/04 <small>(NOTE: Registered Agent signature required when filing)</small>	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election: Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME: MILLEMAN, JASON T <input type="checkbox"/> Delete STREET ADDRESS: PO BOX 6027 CITY-ST-ZIP: PALM HARBOR, FL 34684	TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP	TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-ST-ZIP	TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: 				Jason T. Milleman 4/9/04 <small>DATE</small>	