

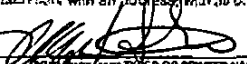
FROM :

FAX NO. :

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-25-2005 90294 004 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000131228			
1. Entity Name TOTAL VISION OF PALM COAST, INC.			
Principal Place of Business 15 CYPRESS BRANCH WAY, STE. 206 PALM COAST, FL 32137		Mailing Address 15 CYPRESS BRANCH WAY, STE. 206 PALM COAST, FL 32137	
2. Principal Place of Business 15 Cypress Branch Way Suite, Apt. #, etc. STE. 205 City & State PALM COAST, FL Zip 32137		3. Mailing Address 15 Cypress Branch Way Suite, Apt. #, etc. STE. 205 City & State PALM COAST, FL Zip 32137	
4. FEI Number 56-2312623		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STEPHENS, PHILLIP L 15 CYPRESS BRANCH WAY STE 206 PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers 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 agents.			
SIGNATURE 		DATE	
FILE NOW! FEE IS \$450.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CADDY, MICHAEL T 330 CANAL ST. NEW SMYRNA BEACH, FL 32168	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D STEPHENS, PHILLIP L 330 CANAL ST. NEW SMYRNA BEACH, FL 32168	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
12. I 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 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 filing appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowerment.			
SIGNATURE: 		05 3105 3864235190	
QUALIFY AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR		Date	

66021152



04062005 Chg-P CR2E034 (10/03)