

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000131228**

1. Entity Name

**TOTAL VISION OF PALM COAST, INC.**



Principal Place of Business

**15 CYPRESS BRANCH WAY, STE. 205  
PALM COAST, FL 32137**

Mailing Address

**15 CYPRESS BRANCH WAY, STE. 205  
PALM COAST, FL 32137**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-2312623**

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

**STEPHENS, PHILLIP L  
15 CYPRESS BRANCH WAY STE 206  
PALM COAST, FL 32137**

**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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CADY, MICHAEL T  
STREET ADDRESS 330 CANAL ST.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D  
NAME STEPHENS, PHILLIP L  
STREET ADDRESS 330 CANAL ST.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000542678  
05/10/06-80108-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

04 25 06 3:16 445-1880

Date

Daytime Phone #