

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90015 050 \*\*\*150.00

<b>DOCUMENT # P03000017971</b>	
1. Entity Name <b>TOTAL VISION OF PORT ORANGE, INC.</b>	

Principal Place of Business <b>5820 AIRPORT ROAD PORT ORANGE, FL 32128</b>	Mailing Address <b>5820 AIRPORT ROAD PORT ORANGE, FL 32128</b>
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**40007850**



2. Principal Place of Business <b>5920 South Williamson Blvd.</b>	3. Mailing Address <b>5820 South Williamson Blvd.</b>
Suite, Apt. #, etc. <b>Suite 106</b>	Suite, Apt. #, etc. <b>Suite 106</b>
City & State <b>Port Orange, FL</b>	City & State <b>Port Orange FL</b>
Zip <b>32128</b>	Country <b>USA</b>

01252005 Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2098594</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>STEPHENS, PHILLIP L 330 CANAL STREET NEW SMYRNA BEACH, FL 32168</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: *Phillip Stephens* 01 20 05  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CADY, MICHAEL T</b> <b>330 CANAL STREET</b> <b>NEW SMYRNA BEACH, FL 32168</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEPHENS, PHILLIP L</b> <b>330 CANAL STREET</b> <b>NEW SMYRNA BEACH, FL 32168</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TIMKO, JEFFREY L</b> <b>330 CANAL STREET</b> <b>NEW SMYRNA BEACH, FL 32168</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(i), 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: *Phillip L. Stephens* 01 20 05 386 767 4449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #