

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000029809

1. Entity Name
P. K. VISION, INC.



Principal Place of Business
3050 BRYCE COURT
DELTONA, FL 32738

Mailing Address
3050 BRYCE COURT
DELTONA, FL 32738

FILED
Sep 11, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0558115
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

WASHINGTON, PHIL K
3050 BRYCE COURT
DELTONA, FL 32738

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WASHINGTON, PHIL K
STREET ADDRESS	3050 BRYCE COURT
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VP
NAME	WRIGHT, BRIDGETT D
STREET ADDRESS	804 ORANGE AVE.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959520
09/11/08-80004-015 158.75

**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:

Phil K Washington *Phil K Washington* *9-8-08* *407-314-1433*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #