


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 AUG 31 PM 12: 50

<b>DOCUMENT # P03000085891</b> 1. Entity Name INDEPENDENT TRAINING FOR THE BLIND, INC.	
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Principal Place of Business 227 E JEFFERSON ST QUINCY, FL 32351	Mailing Address 227 E JEFFERSON ST QUINCY, FL 32351
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2. Principal Place of Business - No P.O. Box # 505 S. Bellamy Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State Quincy FL Zip 32351	City & State Zip Country
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08312007 Chg-P CR2E034 (12/06)

4. FEI Number 61-1455495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICHMOND, HAROLD S 227 E JEFFERSON ST QUINCY, FL 32351	7. Name and Address of New Registered Agent Name: Elizabeth Wilson Street Address (P.O. Box Number is Not Acceptable): 505 S. Bellamy Dr City: Quincy FL Zip Code: 32351
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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: Elizabeth A. Wilson (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME WILSON, ELIZABETH	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 505 BELLAMY DR	CITY - ST - ZIP QUINCY, FL 32351	NAME	STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: E. Wilson 8/31/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #