2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# P03000101867

Entity Name: EAGLE VISION COMMUNITY DEVELOPMENT ENTITY, INC.

Current Principal Place of Business:

760 5TH AVENUE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

760 5TH AVENUE
BARTOW, FL 33830

New Mailing Address:

FEI Number: 83-0368280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, VIVIAN
1050 E TEE CIRCLE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, WENDELL T
Address: 760 5TH AVENUE
City-St-Zip: BARTOW, FL 33830

Title: VD ( ) Delete
Name: COLLINS, GEORGE III
Address: 620 MAPLE AVENUE
City-St-Zip: BARTOW, FL 33830

Title: SD ( ) Delete
Name: YOUNG, VIVIAN
Address: 1050 E TEE CIRCLE
City-St-Zip: BARTOW, FL 33830

Title: TD ( ) Delete
Name: HODGES, ELLEN V
Address: 409 SELLERS STREET
City-St-Zip: BOWLING GREEN, FL 33834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDELL WILLIAMS PD 03/09/2005

Electronic Signature of Signing Officer or Director — Date