


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90051 040 \*\*\*150.00

<b>DOCUMENT # P03000104898</b>	
1. Entity Name <b>ATLANTIC COAST VISION INC.</b>	

Principal Place of Business <b>5460 N OCEAN DRIVE 3D SINGER ISLAND, FL 33030</b>	Mailing Address <b>5460 N OCEAN DRIVE 3D SINGER ISLAND, FL 33030</b>
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14003043

2. Principal Place of Business <i>265 Seabreeze Circle</i>	3. Mailing Address <i>265 Seabreeze Circle</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04112004 Chg-P CR2E034 (10/03)

City & State <i>Jupiter, FL</i>	City & State <i>Jupiter, FL</i>
Zip <i>33477</i>	Zip <i>33477</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <i>26-0078911</i>	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>TRUTE, MELVYN 1090 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154</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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Angela Marino* **4-14-04** **(954) 829-0618**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #