

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108363

Entity Name: SEMIVISION, INC

FILED  
Mar 16, 2005  
Secretary of State

**Current Principal Place of Business:**

3239 SW 47TH AVE STE 300  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

3239 SW 47TH AVE  
STE 300  
GAINESVILLE, FL 32608

**Current Mailing Address:**

3239 SW 47TH AVE STE 300  
GAINESVILLE, FL 32608

**New Mailing Address:**

3239 SW 47TH AVE  
STE 300  
GAINESVILLE, FL 32608

FEI Number: 41-2110427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEEKS, DAVID W III  
3239 SW 47TH AVE STE 300  
GAINESVILLE, FL 32608 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: P ( ) Delete  
Name: MEEKS, III, DAVID W  
Address: 2120 NW 74TH PL  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MEEKS, III, DAVID W  
Address: 770 NW 165 ST  
City-St-Zip: TRENTON, FL 32693

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: DAVID MEEKS

P

03/16/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date