2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# P04000112227

Entity Name: FLORIDA VISION SYSTEMS, INC.

Current Principal Place of Business:

1507 KAYLOR CT
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1507 KAYLOR CT
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 41-2145846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIST, CHAD
1507 KAYLOR CT
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

GIST, CHAD
203 BURNS LANE
WINTER HAVEN, FL 33884 US

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: CHAD GIST 07/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GIST, CHAD
Address: 1507 KAYLOR CT
City-St-Zip: WINTER HAVEN, FL 33881

Title: DV ( ) Delete
Name: WILLIS, JASON
Address: 1507 KAYLOR CT
City-St-Zip: WINTER HAVEN, FL 33881

Title: T ( ) Delete
Name: REDDICK, JAMES III
Address: 203 BURNS LANE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: WILLIS, JASON
Address: 8803 COLONIAL DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: T (X) Change ( ) Addition
Name: REDDICK, JAMES III
Address: 114 GRUBBS RD
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHAD GIST DP 07/06/2006
Electronic Signature of Signing Officer or Director Date