

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112227

Entity Name: FLORIDA VISION SYSTEMS, INC.

FILED  
Jan 11, 2007  
Secretary of State

## Current Principal Place of Business:

1507 KAYLOR CT  
WINTER HAVEN, FL 33881

## New Principal Place of Business:

203 BURNS LN  
WINTER HAVEN, FL 33884

## Current Mailing Address:

1507 KAYLOR CT  
WINTER HAVEN, FL 33881

## New Mailing Address:

203 BURNS LN  
WINTER HAVEN, FL 33884

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  
203 BURNS LANE  
WINTER HAVEN, FL 33884 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: DP ( ) Delete  
Name: GIST, CHAD  
Address: 1507 KAYLOR CT  
City-St-Zip: WINTER HAVEN, FL 33881

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

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

## 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:

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

01/11/2007

Electronic Signature of Signing Officer or Director

Date