

P04000112227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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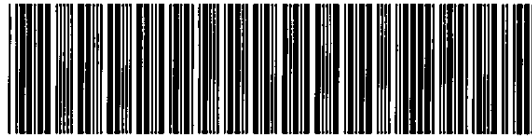
(Business Entity Name)

(Document Number)

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07 MAY - 1 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign*  
G. G. G. MAY 08 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Vision Systems, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000112227

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad E. Gist  
(Name of Person)

Florida Vision Systems, Inc.  
(Name of Firm/Company)

203 Burns Lane  
(Address)

Winter Haven, FL 33884  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chad Gist at ( 863 ) 860-9378  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CHAD E. Gist, hereby resign as President  
(Title)

of Florida Vision Systems, Inc.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

07 MAY - 1 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314