


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4/ May 05, 2005 8:00 am  
Secretary of State

04-12-2005 90157 030 \*\*\*150.00

<b>DOCUMENT # P04000125584</b>			
1. Entity Name <b>THE VISION INSTITUTE, INC.</b>			
Principal Place of Business <b>2609 NORTH FOREST RIDGE BLVD PMB #195 HERNANDO, FL 34442 US</b>		Mailing Address <b>2609 NORTH FOREST RIDGE BLVD PMB #195 HERNANDO, FL 34442 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FLEMING, THOMAS 761 W SUNBIRD PATH HERNANDO, FL 34442</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, 2005 Fee will be \$850.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FLEMING, THOMAS PMB #195 2609 NORTH FOREST RIDGE BLVD HERNANDO, FL 34442</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <i>Thomas Fleming</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/6/05 352 527-7755 Daytime Phone #	

66016031



03242005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1575121** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required