


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000087128  
 1. Entity Name  
 SIGHTRON, INC.



Principal Place of Business      Mailing Address  
 100 JEFFREY WAY SUITE A      100 JEFFREY WAY SUITE A  
 YOUNGSVILLE, NC 27596 US      YOUNGSVILLE, NC 27596 US

**DO NOT WRITE IN THIS SPACE**



03092004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0456018	Applied For Not Applicable
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5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHWARTZ, PHILIP L  
 633 SOUTH ANDREWS AVENUE  
 SUITE 203  
 FORT LAUDERDALE, FL 33301

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000115185  
 04/16/04-80013-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMER, BRIAN S 100 JEFFREY WAY SUITE A YOUNGSVILLE, NC 27596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAMANAKA, TORYU NISHI-OCHIAI 3-9-19 SHINJUKU-KU, TOKYO JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMER, MARY P 100 JEFFREY WAY SUITE A YOUNGSVILLE, NC 27596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAKAMATSU, T NIHI OCHIAI 3-9-19 SHINJUKU_KU, TO 161-870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mary Helmer    MARY HELMER    4/5/04    719-562-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #