

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000066326

1. Entity Name  
EDUCA VISION INC.



**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
7550 NW 47TH AVE  
COCONUT CREEK, FL 33073 US

Mailing Address  
7550 NW 47TH AVE  
COCONUT CREEK, FL 33073 US



07132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3269650

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

VILSAINT, FEQUIERE  
7550 NW 47TH AVE  
COCONUT CREEK, FL 33073

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILSAINT, FEQUIERE 7550 NW 47TH AVE COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEURTELOU, MAUDE 7550 NW 47 AVE COCONUT CREEK, FL 33073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000955386  
07/17/08-80004-005 558.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEQUIERE VILSAINT July 10/08 954 968 7433