

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90286 025 ***158.75

DOCUMENT # P95000034733

1. Entity Name

SIGHT EFFECTS, INCORPORATED



Principal Place of Business

**2386 HENRY GRAY RD
BONIFAY FL 32425**

Mailing Address

**2386 HENRY GRAY RD
BONIFAY FL 32425**

2. Principal Place of Business

2386 Henry Gray Rd

Suite, Apt. #, etc.

3. Mailing Address

2386 Henry Gray Rd

Suite, Apt. #, etc.

City & State

Bonifay FL

Zip

32425

Country

USA

City & State

Bonifay FL

Zip

32425

Country

USA

4. FEI Number

59-3328501

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRESCOTT, SONJA F
2386 HENRY GRAY RD
BONIFAY FL 32425**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME PRESCOTT, SONJA F
STREET ADDRESS 2386 HENRY GRAY RD
CITY-ST-ZIP BONIFAY FL 32425

TITLE 1VP ☐ Delete
NAME POWELL, OWEN N.
STREET ADDRESS 201 N.J.H. ETHERIDGE ST.
CITY-ST-ZIP BONIFAY FL 32425

TITLE 2VP ☐ Delete
NAME PRESCOTT, CECIL K
STREET ADDRESS 1590 S CHANCE RD
CITY-ST-ZIP BONIFAY FL 32425

TITLE 2VP ☐ Delete
NAME PRESCOTT, JULIAN K
STREET ADDRESS 2386 HENRY GRAY RD
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sonja F Prescott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042504

850-638-1982

Date

Daytime Phone #