


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90080 049 ***150.00

DOCUMENT # P95000060695		
1. Entry Name ULTRA VISION S.E., INC.		
Principal Place of Business 8606 N. 40TH STREET TAMPA, FL 33604		Mailing Address 8606 N 40TH STREET TAMPA, FL 33604
2. Principal Place of Business 5018 S. 24TH STREET	3. Mailing Address 5018 S. 24TH STREET	
Suite, Apt #, etc	Suite, Apt #, etc	
City & State TAMPA, FL	City & State TAMPA, FL	
Zip 33619	Country USA	Zip 33619
Country USA		4. FEI Number 59-3346452
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent



01042006 Chg-P CR2E034 (11/05)

HALL, W. CRAIG
4830 W. KENNEDY BLVD., SUITE 750
TAMPA, FL 33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORN, JOSHUA G		NAME	
STREET ADDRESS 605 S. DELAWARE DRIVE		STREET ADDRESS	
CITY-STATE-ZIP TAMPA, FL 33606		CITY-STATE-ZIP	
TITLE PS	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, DAVID R		NAME	
STREET ADDRESS 5512 PENTAIL CIRCLE		STREET ADDRESS	
CITY-STATE-ZIP TAMPA, FL 33625		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

PS
WILLIAM D. GRABLE
3723 E. HILLSBOROUGH AVE.
TAMPA, FL 33610

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 #

1-20-06 813-239-3038