2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90024 021 ***150.00

DOCUMENT # P95000078347

1. Entity Name
SHARPER VISION INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3301 BAYSHORE BLVD #1001 TAMPA, FL 33629	354 CHILEAN AVE. 4A PALM BEACH, FL 33480

24024030

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		3301 BAYSHORE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1001	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33629	Country HILLSBOROUGH

4. FEI Number 59-3344382 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOPPER, CARL
~~354 CHILEAN~~ AVE.
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name: CARL HOPPER
Street Address (P.O. Box Number is Not Acceptable): 3301 BAYSHORE BLVD.
SUITE 1001
City: TAMPA FL Zip Code 33629

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: Carl W. Hopper — DATE 1/14/04
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPPER, CARL W 3301 BAYSHORE BLVD #1001 TAMPA, FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, STEPHEN F 3301 BAYSHORE BLVD #1001 TAMPA, FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Carl W. Hopper — 1/14/04 — 813 835 4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #