## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000032082

Entity Name: SPECTERA VISION SERVICES OF FLORIDA, INC.

FILED Feb 03, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2811 LORD BALTIMORE DR. BALTIMORE, MD 21244						
Current Mailing Address:				New Mailing Address:		
2811 LORD BALTIMORE DR. BALTIMORE, MD 21244				9900 BREN ROAD EAST MINNETONKA, MN 55343		
FEI Number: 52-1780178 FEI Number Applied For ( ) FEI Number			FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and					Address o	f New Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D COLBY, RO 9900 BREN HOPKINS, M	RD E		Title: Name: Address: City-St-Zip:	WICHMANN 9900 BREN	•
Title: Name: Address: City-St-Zip:		( ) Delete LAISE C BALTIMORE DRIVE E, MD 212442644		Title: Name: Address: City-St-Zip:	OBERREND 9900 BREN	(X) Change ()Addition ER, ROBERT W ROAD EAST (A, MN 55343
Title: Name: Address: City-St-Zip:	2811 LORD	( ) Delete LAURENCE A BALTIMORE DRIVE E, MD 212442644		Title: Name: Address: City-St-Zip:	LEWIS, JEN 2811 LORD	(X) Change ()Addition NIFER L BALTIMORE DRIVE ;, MD 21244
Title: Name: Address: City-St-Zip:		( ) Delete D T BALTIMORE DR E, MD 212442644		Title: Name: Address: City-St-Zip:	HALL, DAVID 2811 LORD	(X) Change ()Addition D T BALTIMORE DR :, MD 212442644
Title: Name: Address: City-St-Zip:	D WICHMANN 9900 BREN MINNETER			Title: Name: Address: City-St-Zip:	SPARKMAN 9900 BREN	•
Title:	S	( ) Delete		Title:	S	(X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RYAN, TIMOTHY

9900 BREN RD E

MINNETONKA, MN 55343

SIGNATURE: THAD C. JOHNSON AS 02/03/2004

BRYAN, TIMOTHY

9900 BREN RD E

MINNESTONKA, MN 53345

Name:

Address:

City-St-Zip:

THAD C. JOHNSON, ASSISTANT SECRETARY 9900 BREN ROAD EAST MINNETONKA, MN 55343