


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91017 029 ***150.00

DOCUMENT # P96000048145

1. Entity Name
TEK VISION, INC.



Principal Place of Business
**8233 GATOR LANE
 SUITE 4
 WEST PALM BEACH, FL 33411**

Mailing Address
**PO BOX 5358
 LAKE WORTH, FL 33466-5358 US**

J4001000



2. Principal Place of Business
2270 Ridgewood Cirde

3. Mailing Address
 Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State
Royal Palm Beach, Fla

City & State
 City Zip Country

4. FEI Number
65-0679120

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CASH, ORTHNELL
 8233 GATOR LANE, STE 4
 WEST PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2270 RIDGEWOOD CIRCLE
 City **ROYAL PALM BEACH** 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  DATE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	CASH, ORTHNELL	2270 RIDGEWOOD CIR.	ROYAL PALM BEACH, FL	<input type="checkbox"/>
PST	CASH, ORTHNELL	2270 RIDGEWOOD CIR.	ROYAL PALM BEACH, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D VP	CASH, CLEONA	2270 Ridgewood Cirde	Royal Palm Beach, Fla 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	CASH-ARNOLD, CAETISA	2270 Ridgewood Cirde	Royal Palm Beach, Fla 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **28 Apr 2004** **561 490-4164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

O. CASH, President