



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90011 007 ***150.00

DOCUMENT # P96000049153 1. Entity Name GCG VISION, INC.					
Principal Place of Business 4604 DUMONT STREET NEW PORT RICHEY, FL 34653			Mailing Address 4604 DUMONT STREET NEW PORT RICHEY, FL 34653		
2. Principal Place of Business 4604 DUMONT ST.		3. Mailing Address 4604 DUMONT FL.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03172004 Chg-P CR2E034 (10/03)	
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 65-0694378	
Zip 34653		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34653		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, CAROLE J 5700 COLLINS AVE 16J MIAMI, FL 33140				7. Name and Address of New Registered Agent Name SAME NAME - NEW ADDRESS Street Address (P.O. Box Number is Not Acceptable) 711 N. HALIFAX AVE. APT #407 City DAYTONA, FLORIDA FL Zip Code 32118	
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 Carole J. Nelson <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	ST NELSON, CAROLE J 5700 COLLINS AVE 16J MIAMI, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TARRANTS, ORVILLE 4604 DUMONT ST. NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TARRANTS, BARBARA 4604 DUMONT ST. NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON, GAIL K 6451 ABERDEEN ST NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDIE, JANET ANN 14111 DUFFIELD RD MONTROSE, MI 48457	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARRANTS, GERALD E 14111 DUFFIELD RD MONTROSE, MI 48457	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Orville E. Tarrants <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APRIL 3, 2004 727 3767353 <small>Date Daytime Phone #</small>		