


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90090 003 ***150.00

DOCUMENT # P96000075189 1. Entity Name MCCOY VISION CENTER, INC.					
Principal Place of Business 1303 E. VINE ST KISSIMMEE, FL 34744 US			Mailing Address 1303 E. VINE ST KISSIMMEE, FL 34744 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3409350	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCOY, DAVID J 3530 FOREST RIDGE LANE KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name Mcco David Street Address (P.O. Box Number is Not Acceptable) 1303 E. Vine St City Kissimmee FL Zip Code 34744	
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 <i>[Signature]</i> DATE 4-25-07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P MCCOY, DAVID J 3530 FOREST RIDGE LANE KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir & Pres 1303 E Vine St Kissimmee FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOY, NELLY TREASUR 3530 FOREST RIDGE LN KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir & Treas/Sec 1303 E Vine St Kissimmee FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-25-07 Daytime Phone # 407 870 2020		

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