

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000027740**

1. Entity Name  
COLOUR VISION SYSTEMS INC.



Principal Place of Business

755 8TH CT., STE. 7  
VERO BEACH, FL 32962

Mailing Address

755 8TH CT., STE. 7  
VERO BEACH, FL 32962



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3449042

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, JOSEPH M  
755-8TH COURT  
SUITE 7  
VERO BEACH, FL 32962

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MADDEN, IAN ROBERT  
STREET ADDRESS 19 WHITE AVENUE  
CITY-ST-ZIP BACCHUS MARSH, VICTORIA AUST,

TITLE D  
NAME WELTON, THOMAS LESTER  
STREET ADDRESS 51 VICTORIA AVENUE  
CITY-ST-ZIP LAKE WENDOUREE, VICTORIA AUST,

TITLE DS  
NAME JEAN-CHRISTOPHE, GRAS  
STREET ADDRESS 140 RUE DU VENTOUX 84451  
CITY-ST-ZIP SANIT SATURNIN LES AIGNON, FR

TITLE TD  
NAME JACKSON, JOSEPH M  
STREET ADDRESS 755 8TH COURT, SUITE 7  
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000218517  
02/07/05-80068-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

772-569-6110

Daytime Phone #