

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000048297

1. Entity Name
TOTAL VISION, P.A.



Principal Place of Business
2836 ENTERPRISE RD.
#3
DEBARY, FL 32713

Mailing Address
2836 ENTERPRISE RD.
#3
DEBARY, FL 32713

FILED
Mar 09, 2007 08:00 AM
Secretary of State



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3450420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TIMKO, JEFFREY L
840 NORTH STONE STREET
DELAND, FL 32720

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

1000000661481
03/20/07-80041-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME HEACOCK, CHARLES E
STREET ADDRESS 1034 TORCHWOOD DRIVE
CITY-ST-ZIP DELAND, FL 32724

TITLE VT
NAME TIMKO, JEFFREY L
STREET ADDRESS 608 WESTCHESTER AVENUE
CITY-ST-ZIP DELAND, FL 32724

TITLE D
NAME RAMEY, DUSTIN H
STREET ADDRESS 412 ACACIA DR
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date 03/06/07 Daytime Phone #