

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040955

FILED  
Jul 12, 2004  
Secretary of State

Entity Name: SM VISION MARKETING INC.

**Current Principal Place of Business:**

20372 E PENNSYLVANIA #C  
DUNNELLO, FL 34432

**New Principal Place of Business:**

2189 SW TIMBERLAKE RD  
DUNNELLO, FL 34431

**Current Mailing Address:**

20372 E PENNSYLVANIA #C  
DUNNELLO, FL 34432

**New Mailing Address:**

2189 SW TIMBERLAKE RD  
DUNNELLO, FL 34431

FEI Number: 59-3509372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOONEY, KRISTIN  
20372 E PENNSYLVANIA AVE #C  
DUNNELLO, FL 34432

**Name and Address of New Registered Agent:**

MOONEY, KRISTIN  
2189 SW TIMBERLAKE RD  
DUNNELLO, FL 34431

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.

SIGNATURE: KRISTIN MOONEY

07/12/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MOONEY, SCOTT A  
Address: 2189 SW TIMBERLAKE RD  
City-St-Zip: DUNNELLO, FL 34431

Title: VSD ( ) Delete  
Name: MOONEY, KRISTIN M  
Address: 2189 SW TIMBERLAKE RD  
City-St-Zip: DUNNELLO, FL 34431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN MOONEY

VSD

07/12/2004

Electronic Signature of Signing Officer or Director

Date