

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000065736

1. Entity Name
GEMINI VISION INC.



Principal Place of Business

220 E DAVIS BLVD
TAMPA, FL 33606

Mailing Address

C/O KOEHLER & CO
1611 W PLATT ST
TAMPA, FL 33606



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3478584

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOEHLER, KEITH CPA
1611 W. PLATT STREET
TAMPA, FL 33606

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000154812
05/05/04-80013-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CHAPDELAINE, DAVID T
10404 LAKE CARROLL WAY
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CHAPDELAINE, JULIE A
10404 LAKE CARROLL WAY
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
THANASILANGKUL, NUI C
3101 SANDSPUR DR
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(f), 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:

David T. Chapdelaine

DAVID T. CHAPDELAINE, PRES.

4/30/04

813-785-5106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #