## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P98000074081 04-16-2007 90090 006 \*\*\*150.00 EMERALD COAST VISION AIDS, INC. 40063343 Principal Place of Business Mailing Address 8084 N DAVIS HWY 8084 N DAVIS HWY STE G1 STE G1 PENSACOLA, FL 32514 PENSACOLA, FL 32514 04042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3528097 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAGE, MICHAEL C DO NOT WRITE 8084 N DAVIS HWY STE G1 IN THIS SPACE PENSACOLA, FL 32514 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HAGE, MICHAEL STREET ADDRESS 8084 N DAVIS HWY STE G1 PENSACOLA, FL 32514 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 employeed 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 employeered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED

Daytime Phone 6