2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90013 012 ***150.00

DOCUMENT # P06000036391

1. Entity Name
VISIONARY II INC

Principal Place of Business	Mailing Address
3850 CALIBRE BEND LN 1109 WINTER PARK FL 32792	3850 CALIBRE BEND LN 1109 WINTER PARK FL 32792

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1134 Pointe Newport Terrace	1134 Pointe Newport Terrace
Suite, Apt. #, etc. Bldg 9-208	Suite, Apt. #, etc. Bldg 9-208
City & State Casselberry, FL	City & State Casselberry FL
Zip 32707 Country USA	Zip 32707 Country USA

4. FEI Number 20-4456585 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLONCAK, JAMES M
3850 CALIBRE BEND LANE
1109
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name: Poloncak, James M.
Street Address (P.O. Box Number is Not Acceptable): 1134 Pointe Newport Terrace
Bldg 9-208
City: Casselberry FL Zip Code: 32707

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: James M. Poloncak James M Poloncak 2-01-08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POLONCAK, JAMES M 3850 CALIBRE BEND LN #1109 WINTER PARK FL 32792	☐ Delete	P Poloncak, James M. 1134 Pointe Newport Terrace Bldg 9-208 Casselberry FL 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POLONCAK, CARL P 11299 CRESSWELL LANDING LORTON VA 22079	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECT POLONCAK, MICHAEL J III 6624 BURNINGWOOD DR BLDG 34 APT 268 BOCA RATON FL 33433	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES RICUPA, CASPER 4401 NW 41ST ST #207 LAUDERDALE LAKES FL 33319	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James M Poloncak James M Poloncak 2-1-08 407756-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #