


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 752503
1. Entity Name
VISIBLE LIGHT, INC.



Principal Place of Business 1317 S. PARK AVE SANFORD, FL 32771 US	Mailing Address P.O. BOX 4200 SANFORD, FL 32772
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2017075	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
FUSCO, DOMENIC
1317 S. PARK AVE
SANFORD, FL 32771

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000053416
02/16/04-80027-009 70 100

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC FUSCO, DOMENIC 1317 SOUTH PARK AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FUSCO, CHARLOTTE R 1317 S. PARK AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RENSHAW, VIVIAN 5912 JASON ST ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SULUH, GIOVANNINA 208 W 19TH ST. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 617, 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR