

**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**



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2017075

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

**FUSCO, DOMENIC
1317 S. PARK AVE
SANFORD, FL 32771**

**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 reinstating)

DATE

**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

02/16/04-80027-1014 70100

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

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #