

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003989

Entity Name: INVISA, INC.

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

290 COCOANUT AVENUE  
SUITE 1A  
SARASOTA, FL 34236

## New Principal Place of Business:

1880 DESOTO ROAD  
SUITE 29B  
SARASOTA, FL 34234

## Current Mailing Address:

PO BOX 49376  
SARASOTA, FL 34230

## New Mailing Address:

FEI Number: 65-1005398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENNIS, GINA S  
104 65TH STREET NE  
BRADENTON, FL 34230 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: KING, EDMUND C  
Address: PO BOX 49376  
City-St-Zip: SARASOTA, FL 34230

Title: D ( ) Delete  
Name: SCATES, JOHN E  
Address: PO BOX 49376  
City-St-Zip: SARASOTA, FL 34230

Title: D ( ) Delete  
Name: NEWELL, GREGORY J  
Address: PO BOX 49376  
City-St-Zip: SARASOTA, FL 34230

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND C KING

DCP

06/15/2009

Electronic Signature of Signing Officer or Director

Date