

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90012 049 \*\*\*150.00

**DOCUMENT # F98000004641**

1. Entity Name  
**VISIONAIR, INC.**



Principal Place of Business  
**5601 BARBADOS BLVD.  
CASTLE HAYNE, NC 28429**

Mailing Address  
**P.O. BOX 9000  
CASTLE HAYNE, NC 28429**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-1747324**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PCEO  
LYONS, MIKE  
5601 BARBADOS BLVD.  
CASTLE HAYNE, NC 28429**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
BROWNING, ANN H  
5601 BARBADOS BLVD  
CASTLE HAYNE, NC 28429**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIR  
SADAYAGU, ALAN Kocsi, Patrick  
5601 BARBADOS BLVD  
CASTLE HAYNE, NC 28429**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SEC  
HENSLEY, SAM T  
5601 BARBADOS BLVD  
CASTLE HAYNE, NC 28429**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director  
Balogh, Ed  
5601 Barbados Blvd.  
Castle Hayne, NC 28429**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director  
Amy, David  
5601 Barbados Blvd.  
Castle Hayne, NC 28429**

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IN THIS SPACE**

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 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:** \_\_\_\_\_

**SAMUEL T. HENSLEY, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/06**

Date

Daytime Phone # \_\_\_\_\_