

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90002 030 ***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



04222008 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

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331

**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, 2008 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
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
D
BALOGH, ED
5601 BARBADOS BLVD
CASTLE HAYNE, NC 28429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVID, AMY
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 IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

910-602-5552
Daytime Phone #

ATTACHMENT

40107471

VisionAIR, Inc.
Board of Directors

#F98000004641

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Bruce Kelling	5601 Barbados Blvd.	Castle Hayne	NC	28429
Ed Balogh	5601 Barbados Blvd.	Castle Hayne	NC	28429
Ann Browning	5601 Barbados Blvd.	Castle Hayne	NC	28429
Norvell Miller	5601 Barbados Blvd.	Castle Hayne	NC	28429
Mike Lyons	5601 Barbados Blvd.	Castle Hayne	NC	28429
David Amy	5601 Barbados Blvd.	Castle Hayne	NC	28429
Patrick Kocsi	5601 Barbados Blvd.	Castle Hayne	NC	28429