


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 017 ***150.00

DOCUMENT # K60729
 1. Entity Name
 VISION OUTDOOR, INC.



Principal Place of Business
 200 C SOUTH US HWY 27
 MINNEOLA, FL 34711 US

Mailing Address
 200 C SOUTH US HWY 27
 CLERMONT, FL 34711 US

20044634



2. Principal Place of Business
 7342 Groveland Farms Rd
 Suite, Apt. #, etc.

3. Mailing Address
 7342 Groveland Farms Rd
 Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State
 Groveland FL

City & State
 Groveland FL

Zip
 34736

Country
 USA

Zip
 34736

Country
 USA

4. FEI Number
 65-0222344

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KARST, GEORGE F., JR
 C/O VISION OUTDOOR AVDTERTISING, INC.
 200C SOUT US HWY 27
 CLERMONT, FL 34711

7. Name and Address of New Registered Agent
 Name
 Mandy Griner
 Street Address (P.O. Box Number is Not Acceptable)
 12346 E Redwing Rd
 City
 Groveland FL Zip Code
 34736

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 *Mandy Griner* Mandy Griner 4.25.05
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00

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	DPVT GRINER, MICHAEL 404 W OSCEOLA ST. CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12346 E Redwing Rd Groveland, FL 34736		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DENIS GRAY 7342 Groveland Farms Rd Groveland FL 34736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 file empowered.

SIGNATURE: *Michael Griner* Michael Griner 4.25.05 352.429.9254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #