


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L58204 1. Entity Name VISIONARY INVESTORS, INC.	
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Principal Place of Business 939 SIRUS TR SARASOTA, FL 34232	Mailing Address 939 SIRUS TR SARASOTA, FL 34232
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0178102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ABATE, ANTHONY J. 939 SIRUS TR SARASOTA, FL 34232

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

UN00000113111
04/14/04-80049-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABATE, ANTHONY J. 939 SIRUS TRAIL SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ABATE, PATRICIA L 939 SIRUS TRAIL SARASOTA, FL
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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)(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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 (941) 344-3944
Date Daytime Phone #

Anthony J. Abate