

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000475

FILED
Feb 10, 2005
Secretary of State

Entity Name: VISION CREST, INC.

Current Principal Place of Business:

670 ATLANTIC DRIVE
SATELLITE BEACH, FL 329378

New Principal Place of Business:

670 ATLANTIC DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

670 ATLANTIC DRIVE
485 KALE ST.
SATELLITE BEACH, FL 329378

New Mailing Address:

670 ATLANTIC DRIVE
SATELLITE BEACH, FL 32937

FEI Number: 59-3617042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADD, JOHN
670 ATLANTIC DR.
SATELLITE BEACH, FL 32937 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RADD, JANICE
Address: 670 ATLANTIC DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD () Delete
Name: LEMASTER, RON
Address: 401 SHERWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ST () Delete
Name: CLANCEY, JUNE
Address: 2494 ST JOHNS LANE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: LEMASTER, RON
Address: 4133 DEERWOOD TRAIL
City-St-Zip: MELBOURNE, FL 32934

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RADD

PD

02/10/2005

Electronic Signature of Signing Officer or Director

Date