## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000475

Entity Name: VISION CREST, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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670 ATLANTIC DRIVE 678 ATLANTIC DRIVE

SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

670 ATLANTIC DRIVE 570 E CULPEPPER RD. SW SATELLITE BEACH, FL 32937 CALHOUN, GA 30701

FEI Number: 59-3617042 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RADD, JOHN
670 ATLANTIC DR.
RADD, JOHN
678 ATLANTIC DR.

SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937 US

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: 01/09/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 RADD, JANICE
 Name:
 RADD, JANICE

 Address:
 670 ATLANTIC DRIVE
 Address:
 678 ATLANTIC DRIVE

 City-St-Zip:
 SATELLITE BEACH, FL 32937
 City-St-Zip:
 SATELLITE BEACH, FL 32937

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LEMASTER, RON
 Name:

 Address:
 4133 DEERWOOD TRAIL
 Address:

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:

Title: ST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CLANCEY, JUNE
 Name:

 Address:
 2494 ST JOHNS LANE
 Address:

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 D 01/09/2008