

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90076 019 ****61.25

DOCUMENT # N04000010901

1. Entity Name

VISION SEEDS, INC.



Principal Place of Business

110 LAFAYETTE AVE SW
LIVE OAK FL 32064

Mailing Address

110 LAFAYETTE AVE SW
LIVE OAK FL 32064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4289375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

WHITE, OTHA L SR
110 LAFAYETTE AVE SW
LIVE OAK FL 32064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME WHITE, OLTHA L SR
STREET ADDRESS 110 LAFAYETTE AVE SW
CITY-ST-ZIP LIVE OAK FL 32064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME Otha L. White Sr.
STREET ADDRESS 110 Lafayette Ave S.W.
CITY-ST-ZIP Live Oak, FL. 32064

TITLE ☐ Change ☐ Addition
NAME David Spencer
STREET ADDRESS 943 5th. St S.W.
CITY-ST-ZIP Live Oak, FL. 32064

TITLE ☐ Change ☐ Addition
NAME Kellie Bryan
STREET ADDRESS 15729 144St.
CITY-ST-ZIP Live Oak FL. 32060

TITLE ☐ Change ☐ Addition
NAME Larry Burley
STREET ADDRESS 415 Horne Ave S.W.
CITY-ST-ZIP Live Oak, FL. 32064

TITLE ☐ Change ☐ Addition
NAME Liza Spencer
STREET ADDRESS 943 5th. St. S.W.
CITY-ST-ZIP Live Oak, FL. 32064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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

OTHA L. White Sr. OTHA L. WHITE SR. 4/25/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-364-1209
386-364-1367