

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 034 ***150.00

DOCUMENT # P00000010263

1. Entity Name
HR-VISIONS, INC.



Principal Place of Business
1800 PEMBROKE DR STE 300
ORLANDO, FL 32810

Mailing Address
PO BOX 622493
OVIEDO, FL 32762-2493



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3624160

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, SHARON L
~~606 CRESCENT EXECUTIVE CT~~ 1800 Pembroke Dr.
SUITE 300 Suite 300
LAKE MARY, FL 32746 Orlando, FL 32810

**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

Sharon L. Lewis

(NOTE: Registered Agent signature required when reinstating)

3/21/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME LEWIS, HAROLD D
STREET ADDRESS 1031 CATFISH CREEK CT
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VP
NAME LEWIS, SHARON L
STREET ADDRESS 1031 CATFISH CREEK CT
CITY-ST-ZIP OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sharon L. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 407-585-2100
Date Daytime Phone #