


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90463 006 ***150.00

| | |
|---|---|
| DOCUMENT # P01000020789 |  |
| 1. Entity Name VISUAL SYSTEMS SOUTH, INC. | |

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|--|--|
| Principal Place of Business 8000 W BROWARD BLVD, SUITE #135 PLANTATION FL 33388 | Mailing Address 8000 W BROWARD BLVD, SUITE #135 PLANTATION FL 33388 |
|--|--|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E034 (11/03)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent AMERICO, ANGELO 8000 W BROWARD BLVD SUITE 135 PLANTATION FL 33388 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|----------------------------------|---|-------------|
| TITLE PSD <input type="checkbox"/> Delete | NAME JARMON, MICHAEL L | TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS 8000 W BROWARD BLVD, SUITE #135 | | STREET ADDRESS | |
| CITY-ST-ZIP PLANTATION FL 33388 | | CITY-ST-ZIP | |
| TITLE VTD <input type="checkbox"/> Delete | NAME AMERICO, ANGELO C | TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS 8000 W BROWARD BLVD, SUITE #135 | | STREET ADDRESS | |
| CITY-ST-ZIP PLANTATION FL 33388 | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
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| TITLE <input type="checkbox"/> Delete | NAME | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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:  **ANGELO AMERICO PRESIDENT** 4/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #