


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**


01-20-2005 90042 038 \*\*\*150.00

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| <b>DOCUMENT # P01000039047</b>          |  |
| 1. Entity Name<br><b>VISION44, INC.</b> |   |

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| Principal Place of Business<br><b>1093 A1A BEACH BLVD<br/>#546<br/>SAINT AUGUSTINE, FL 32080</b> | Mailing Address<br><b>1093 A1A BEACH BLVD<br/>#546<br/>SAINT AUGUSTINE, FL 32080</b> |
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**50004313**

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| 2. Principal Place of Business<br><b>3545-1 St. Johns Bluff Rd. S.</b> | 3. Mailing Address<br><b>3545-1 ST. JOHNS BLUFF RD S</b> |
| Suite, Apt. #, etc.<br><b>#206</b>                                     | Suite, Apt. #, etc.<br><b>#206</b>                       |
| City & State<br><b>JACKSONVILLE FL</b>                                 | City & State<br><b>JACKSONVILLE FL</b>                   |
| Zip<br><b>32224</b>  | Country<br><b>USA</b>                                    |

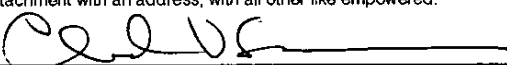
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| 01052005 Chg-P   | CR2E034 (10/03)  |
| 4. FEI Number<br><b>59-3723885</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75</b> Additional Fee Required                  |

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| 6. Name and Address of Current Registered Agent<br><b>HEEKIN, T. GEOFFREY ESQ<br/>ONE INDEPENDENT DR., STE. 2200<br/>JACKSONVILLE, FL 32202</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable.  | DATE |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D SORENSON, CHAD</b> <input checked="" type="checkbox"/> Delete<br><b>1093 A1A BEACH BLVD #546<br/>SAINT AUGUSTINE, FL 32080</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D JOSEPH VALINHO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>3545-1 ST. JOHNS BLUFF RD S., #206<br/>JACKSONVILLE FL 32224</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:   | Date <b>1/6/05</b> Daytime Phone # <b>904-564-1566</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |