


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90070 034 \*\*\*158.75

**DOCUMENT # P01000101938**

1. Entity Name  
**ENVISION PROPERTIES, INC.**



Principal Place of Business      Mailing Address

**1594 EASTLAKE WOODLANDS PARKWAY  
 OLDSMAR, FL 34677**      **1594 EASTLAKE WOODLANDS PARKWAY  
 OLDSMAR, FL 34677**

**DO NOT WRITE IN THIS SPACE**



01062006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>74-3056643</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BECKLUND, MARIE M  
 1594 EASTLAKE WOODLANDS PARKWAY  
 OLDSMAR, FL 34677**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BECKLUND, VINCENT K 8901 CHANTILLY WAY 2997 Via Conquistadores MONTGOMERY, AL 36116 Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BECKLUND, MARIE M 1594 EASTLAKE WOODLANDS PARKWAY OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D u BECKLAND, VANCE A 354 WOODBROOK CREST CANTON, GA 30114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D u BECKLAND, VICTOR M 883 CYPRESS TRAILS DR TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Vik Anand President      2 Feb 06    727-781-9252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #