

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90131 004 ***150.00

DOCUMENT # P01000106275

1. Entity Name

VISTOUR, INC.



Principal Place of Business

599 S YONGE ST
ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 251195
HOLLY HILL FL 32125

2. Principal Place of Business

240 Ridgewood Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Zip

Country

32117

US

Zip

Country

4. FEI Number

91-2165293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAMMERO, GERARD
1329 MARGINA AVE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name Matthew Hamel

Street Address (P.O. Box Number is Not Acceptable)
145 3rd St.

City Holly Hill

FL

Zip Code

32117

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME HAMEL, MATTHEW
STREET ADDRESS 145 3RD ST.
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE VPS ☒ Delete
NAME GAMMERO, GERARD
STREET ADDRESS 1329 MARGINA AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

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 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Matthew Hamel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 386-248-2234