## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093309

Entity Name: VIZIONS INC

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1685 LAUREL STREET 419 PARTRIDGE CIRCLE

SARASOTA, FL 34236 APT 3 SARASOTA, FL 34236

**New Mailing Address: Current Mailing Address:** 

1685 LAUREL STREET 419 PARTRIDGE CIRCLE US APT 3

SARASOTA, FL 34236 SARASOTA, FL 34236 US

FEI Number: 42-1547437 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC PHILLIP W GARNER 419 PARTRIDGE CIRCLE 813 DELTONA BLVD SARASOTA, FL 34236 STE A DELTONA, FL 32725 US

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.

SIGNATURE: PHILLIP W. GARNER 04/28/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS ( ) Delete Title: PRFS (X) Change ( ) Addition GARNER, PHILLIP W GARNER, PHILLIP W PRES Name: Name: 1685 LAUREL ST 419 PARTRIDGE CIRCLE Address: Address: City-St-Zip: APT 3, FL 34236 US City-St-Zip: SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP W GARNER **PRES** 04/28/2009