

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90030 004 \*\*\*150.00

**DOCUMENT # P02000105648**

1. Entity Name

VISIONS MILLWORK, INC.



Principal Place of Business

3530A METRO PARKWAY  
FORT MYERS FL 33916

Mailing Address

3530A METRO PARKWAY  
FORT MYERS FL 33916

2. Principal Place of Business

2910 HUNTER ST

3. Mailing Address

2910 HUNTER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

32-0034997

Applied For

Not Applicable

Zip

33916

Country

USA

Zip

33916

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHUMANN, RAYMOND L  
13141 MCGREGOR BOULEVARD  
SUITE 9  
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

JOHN McCallum

Street Address (P.O. Box Number is Not Acceptable)

3138 TANGLEWYLDE AVE

City

LAKE PLACID

FL

Zip Code

33852

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

McCallum JOHN McCallum VICE PRESIDENT

4/6/04

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, 2004 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 D ☐ Delete  
NAME ROSE, KIM J  
STREET ADDRESS 590 LAMBTON LANE  
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ Delete  
NAME ROSE, BARBARA M  
STREET ADDRESS 590 LAMBTON LANE  
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ Delete  
NAME MCCALLUM, JOHN M  
STREET ADDRESS 3138 TANGLEWYLDE  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D ☐ Delete  
NAME MCCALLUM, SARAH  
STREET ADDRESS 3138 TANGLEWYLDE  
CITY-ST-ZIP LAKE PLACID FL 33852

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

McCallum JOHN McCallum

4/6/04

239 334-6166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #