


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90261 028 \*\*\*150.00

**DOCUMENT # P03000094697**

1. Entity Name  
**PROVISION SYSTEMS, INC.**



Principal Place of Business  
**1762 NESTLEWOOD TRAIL  
 ORLANDO, FL 32837 US**

Mailing Address  
**717 EAST OAK STREET  
 KISSIMMEE, FL 34744 US**

**20045868**



2. Principal Place of Business  
**12701 S. JOHN YOUNG PKY  
 Suite, Apt. #, etc. Suite 217**

3. Mailing Address  
**12701 S. JOHN YOUNG PKY  
 Suite, Apt. #, etc. Suite 217**

City & State  
**ORLANDO FL.**

City & State  
**ORLANDO FL.**

Zip  
**32837**

Country  
**USA**

Zip  
**32837**

Country  
**USA**

03162005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0180631**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAUMRUK, ANDY J CPA  
 717 EAST OAK STREET  
 KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name  
**David Vinnedge**

Street Address (P.O. Box Number is Not Acceptable)  
**1762 Nestlewood Trail**

City  
**Orlando, FL**

Zip Code  
**32837**

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 *David Vinnedge* **4/20/05**  
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**

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	ST VINNEDGE, DAVID 1762 NESTLEWOOD TRAIL ORLANDO, FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINNEDGE, MARJORIE 16 RIVIERA COURT LAKE IN THE HILLS, IL 60102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Vinnedge* **DAVID VINNEDGE** **4/20/05** **407-458-7944**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #