

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90018 017 \*\*\*150.00

**DOCUMENT # P03000154232**

1. Entity Name  
**VISION HOME BUILDERS, INC.**



Principal Place of Business  
**22 NORTHWOOD LANE  
CRAWFORDVILLE, FL 32327**

Mailing Address  
**22 NORTHWOOD LANE  
CRAWFORDVILLE, FL 32327**



01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**23 Mill Hollow Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1688**  
Suite, Apt. #, etc.

City & State  
**Crawfordville FL**  
Zip  
**32327** Country  
**US**

City & State  
**Crawfordville FL**  
Zip  
**32326** Country  
**US**

4. FEI Number  
**20-0592573** Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAUNDERS, STEVEN  
22 NORTHWOOD LANE  
CRAWFORDVILLE, FL 32327**

**7. Name and Address of New Registered Agent**

Name **Steven Saunders**  
Street Address (P.O. Box Number is Not Acceptable)  
**23 Mill Hollow Drive**  
City **Crawfordville** FL Zip Code **32326**

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 **Steven Saunders**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-11-2007**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **SAUNDERS, STEVEN**  
STREET ADDRESS **22 NORTHWOOD LANE**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **23 Mill Hollow Drive**  
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Addition  
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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 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: **Steven Saunders**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-07 850.926.1294**  
Date Daytime Phone #