

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000065894

1. Entity Name
VISIONS LAND CORPORATION



Principal Place of Business
1641-1 LAND OF LAKES BLVD.
LUTZ, FL 33549

Mailing Address
1641-1 LAND OF LAKES BLVD.
LUTZ, FL 33549

2. Principal Place of Business
244444 DR 54

Suite, Apt. #, etc.

3. Mailing Address
244444 DR 54

Suite, Apt. #, etc.

City & State
LUTZ, FL

Zip 33559

Country USA

City & State
LUTZ, FL

Zip 33559

Country USA

6. Name and Address of Current Registered Agent

CHANAY, CHARLES
1641-1 LAND OF LAKES BLVD.
LUTZ, FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)
1001 Dockside Drive

City

LUTZ

FL

Zip Code 33559

4. FEI Number
20-0993964

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANAY, CHARLES 1641-1 LAND OF LAKES BLVD. LUTZ, FL 33549	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 813 949-2481
Date Daytime Phone #