

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000106498

1. Entity Name
VISIONARY SALES AND MARKETING, INC.



**FILED
Mar 03, 2005 8:00 am
Secretary of State**

03-03-2005 90180 013 ***150.00

Principal Place of Business
211 OAKWOOD AVE
NEW SMYRNA BEACH, FL 32169

Mailing Address
211 OAKWOOD AVE
NEW SMYRNA BEACH, FL 32169

00022288

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01252005 Chg-P CR2E034 (10/03)

4. FEI Number
42-1640329

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEOLA, ANTHONY E
211 OAKWOOD AVE
NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 restating)

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: D
NAME: FEOLA, ANTHONY E
STREET ADDRESS: 211 OAKWOOD AVE
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32169

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

*Secretary / Director
PATRICIA FEOLA
211 OAKWOOD AVE
NEW SMYRNA BEACH, FL 32169*

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Anthony E. Feola

Anthony E. Feola 3/1/05 386/428-8944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #