

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-20-2005 90334 047 \*\*\*150.00

<b>DOCUMENT # P04000110850</b>					
<b>1. Entity Name</b> VISIONTEAM REALTY, INC.					
<b>Principal Place of Business</b> 8710 SE 19TH AVENUE ROAD Ocala FL 34480 US			<b>Mailing Address</b> 8710 SE 19TH AVENUE ROAD Ocala FL 34480 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 20-2852415	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BURNS, ROBERT L JR. 8710 SE 19TH AVENUE ROAD -OCALA FL-34480				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!!: FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> BURNS, ROBERT L JR.		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 8710 SE 19TH AVENUE ROAD	<b>CITY-ST-ZIP</b> OCALA FL 34480		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> VP	<b>NAME</b> BURNS, IRENE T		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 8710 SE 19TH AVENUE ROAD	<b>CITY-ST-ZIP</b> OCALA FL 34480		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> T	<b>NAME</b> BURNS, ROBERT L JR.		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 8710 SE 19TH AVENUE ROAD	<b>CITY-ST-ZIP</b> OCALA FL 34480		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> S	<b>NAME</b> BURNS, IRENE T		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 8710 SE 19TH AVENUE ROAD	<b>CITY-ST-ZIP</b> OCALA FL 34480		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert L Burns</i>			4-16-05 352-867-5288		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		