

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000110850**

1. Entity Name  
**VISIONTEAM REALTY, INC.**



Principal Place of Business  
**8710 SE 19TH AVENUE ROAD  
OCALA, FL 34480 US**

Mailing Address  
**8710 SE 19TH AVENUE ROAD  
OCALA, FL 34480 US**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2852415</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**BURNS, ROBERT L JR.  
8710 SE 19TH AVENUE ROAD  
OCALA, FL 34480**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U000000914852  
05/08/08-80074-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BURNS, ROBERT L JR.
STREET ADDRESS	8710 SE 19TH AVENUE ROAD
CITY-ST-ZIP	OCALA, FL 34480

TITLE	VP
NAME	BURNS, ROBERT L JR
STREET ADDRESS	8710 SE 19TH AVENUE ROAD
CITY-ST-ZIP	OCALA, FL 34480

TITLE	T
NAME	BURNS, ROBERT L JR.
STREET ADDRESS	8710 SE 19TH AVENUE ROAD
CITY-ST-ZIP	OCALA, FL 34480

TITLE	S
NAME	BURNS, ROBERT L JR
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Robert L Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08 352-867-5397  
Date Daytime Phone #