

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90526 024 ***158.75

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1. Entity Name
ENDLESS VISIONS, INC.



Principal Place of Business
1420 S DAYTONA AVE
FLAGLER BEACH, FL 32136

Mailing Address
4601 E HWY 100 MOODY BLVD
BUNNELL, FL 32136

50045827



2. Principal Place of Business

4601 E Hwy 100 Moody Blvd 22 Penn Ln.

3. Mailing Address

Suite, Apt. #, etc.

04212005

Chg-P

CR2E034 (10/03)

City & State

Bunnell FL

City & State

Palm Coast

4. FEI Number

77-0643951

Applied For

Not Applicable

Zip

Country

Zip

Country

32137

Flagler

32164

Flagler

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVY, BENJAMIN
25 PINE CONE DR SUITE 2A
PALM COAST, FL 32164

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 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 P
NAME LITTLE, KEVIN J
STREET ADDRESS 1420 S DAYTONA AVE
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE Vice President
NAME Zelsoci, Rick
STREET ADDRESS 22 Penn Ln.
CITY-ST-ZIP Palm Coast FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Little Kevin J
STREET ADDRESS 22 Penn Ln.
CITY-ST-ZIP Palm Coast FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/05 386-931-9124