

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90040 001 ***150.00
01-11-2008 90040 002 *****8.75

DOCUMENT # P05000004321

1. Entity Name
VISION ATLANTIC ENTERPRISES, INC



Principal Place of Business
4040 8TH AVENUE SE
NAPLES, FL 34117

Mailing Address
4040 8TH AVENUE SE
NAPLES, FL 34117

66000033

2. Principal Place of Business - No P.O. Box #
4745 GOLDEN GATE PKWY
Suite, Apt. #, etc.
#101

3. Mailing Address
4040 8TH AVE SE
Suite, Apt. #, etc.
HOUSE

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34116

Country
USA

Zip
34117

Country
USA



01022008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2129782

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ASSOUMAN, MARIE, A
4040 8TH AVENUE SE
NAPLES, FL 34117

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: MARIE A. ASSOUMAN Marie Assouman 01/08/08
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, 2008 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	PR ASSOUMAN, MARIE A 4040 8TH AVENUE SE NAPLES, FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Marie A. Assouman 01/07/2008 239-601-5062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #