

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P05000072791

1. Entity Name
VISION RESTAURANTS, INC.



Principal Place of Business
15049 US HWY 19 SOUTH
THOMASVILLE, GA 31792

Mailing Address
351 BOND STREET
THOMASVILLE, GA 31757



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3419706

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENDER, YOLANDA E
351 BOND STREET
THOMASVILLE, GA, FL 31757

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
DAVIS, LYLE N
1110 NW 8TH AVE. STE. C
GAINESVILLE, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
BENDER, YOLANDA E
351 BOND STREET
THOMASVILLE, GA 31757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
BENDER, EDWARD L
351 BOND STREET
THOMASVILLE, GA 31757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000631369
02/20/07-80039-015 150.00

**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:

L. Y. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07 229-228-7227

Date

Daytime Phone #