


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90011 022 ***150.00

DOCUMENT # P05000145871					
1. Entity Name VISUAL TECHNOLOGIES SOUTHEAST, INC.					
Principal Place of Business 2080 BILLMAR LANE NORTH ST PETERSBURG, FL 33714			Mailing Address 2080 BILLMAR LANE NORTH ST PETERSBURG, FL 33714		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0849449	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBBS, FORREST M 2080 BILLMAR LANE NORTH ST PETERSBURG, FL 33714			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing <input type="checkbox"/> \$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	P DOBBS, FORREST M 2080 BILLMAR LANE NORTH ST PETERSBURG, FL 33714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHAN, RODGER 546 W DAVIS BLVD TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Forrest M. Dobbs</i> FORREST M. DOBBS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

ATTACHMENT

T.A.B.S.
TAXES • ACCOUNTING

• BOOKKEEPING SERVICES

40127879
Shirley A. Tyler • ENROLLED AGENT
CAM, ATA, ATP

(727) 528-8633
(727) 528-8533
FAX (727) 528-8644

July 17, 2007

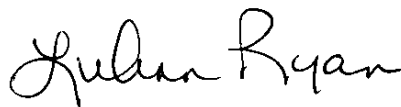
Florida Department of State
Division of Corporations

RE: Visual Technologies-Southeast, Inc.
P05000145871

To Whom It May Concern:

We are asking for abatement of the penalty to reinstate the above named client. Mr. Dobbs is a salesman who is out of town months at a time and did not get the original notice. If you have any questions, please do not hesitate to call us. Thank you in advance for your help in this matter.

Sincerely,



LuAnn Ryan
Office Manager,
T.A.B.S.