


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90016 004 ***150.00

DOCUMENT # P06000030502	
1. Entity Name VISIONARY FINANCIAL SERVICES, INC.	

Principal Place of Business 3201 28TH STREET N. SUITE B ST. PETERSBURG, FL 33713 US	Mailing Address 3201 28TH STREET N. SUITE B ST. PETERSBURG, FL 33713 US
--	--

2. Principal Place of Business - No P.O. Box # 4700 37th Street N	3. Mailing Address 4700 37th Street N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg, FL	City & State St. Petersburg, FL
------------------------------------	------------------------------------

Zip 33714	Country USA	Zip 33714	Country
--------------	----------------	--------------	---------

03102008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4435879	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent SCOPEL, LISA A 3201 28TH STREET N. SUITE B ST. PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name Lisa Ann Scopel Street Address (P.O. Box Number is Not Acceptable) 4700 37th Street N City St. Petersburg FL Zip Code 33714
---	---

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <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	D HUDSPETH, RYAN 3201 28TH STREET N. ST. PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPUGH, ROBERT V 3201 28TH STREET N. ST. PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert V. DePugh 2164 15th Cir N. St. Petersburg, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lisa Ann Scopel 4700 37th St. N., St. Petersburg FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect./Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition George K. Rahdert 535 Central Ave. St. Petersburg, FL 33701
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:  **3-10-08** **727-510-6000**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone