

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036391

Entity Name: VISIONARY II INC

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

1134 POINTE NEWPORT TERRACE  
BLDG 9-208  
CASSELBERRY, FL 32707

## New Principal Place of Business:

508 STANTON PLACE  
LONGWOOD, FL 32779

## Current Mailing Address:

1134 POINTE NEWPORT TERRACE  
BLDG 9-208  
CASSELBERRY, FL 32707

## New Mailing Address:

508 STANTON PLACE  
LONGWOOD, FL 32779

FEI Number: 20-4456585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLONCAK, JAMES M  
1134 POINTE NEWPORT TERRACE  
BLDG 9-208  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

POLONCAK, JAMES M  
508 STANTON PLACE  
LONGWOOD, FL 32779 US

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.

SIGNATURE: JAMES M. POLONCAK

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POLONCAK, JAMES M  
Address: 1134 POINTE NEWPORT TERRACE BLDG 9-208  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP ( ) Delete  
Name: POLONCAK, CARL P  
Address: 11299 CRESSWELL LANDING  
City-St-Zip: LORTON, VA 22079 US

Title: SECT ( ) Delete  
Name: POLONCAK, MICHAEL J III  
Address: 6624 BURNINGWOOD DR BLDG 34 APT 268  
City-St-Zip: BOCA RATON, FL 33433 US

Title: TRES ( ) Delete  
Name: RICUPA, CASPER  
Address: 4401 NW 41ST ST #207  
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POLONCAK, JAMES M  
Address: 508 STANTON PLACE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. POLONCAK

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date