

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060062

FILED  
May 01, 2012  
Secretary of State

Entity Name: VISIONARY CONCEPTS INTERNATIONAL, INC.

**Current Principal Place of Business:**

121 WOODHAVEN CIRCLE, EAST  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

229 RIDGEWOOD AVE.  
HOLLY HILL, FL 32117

**Current Mailing Address:**

121 WOODHAVEN CIRCLE, EAST  
ORMOND BEACH, FL 32174

**New Mailing Address:**

229 RIDGEWOOD AVE.  
HOLLY HILL, FL 32117

FEI Number: 30-0491434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CULP, MARK SR.  
121 WOODHAVEN CIRCLE, EAST  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CULP, MARK SR.  
Address: 121 WOODHAVEN CIRCLE, EAST  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC  
Name: CULP, MARK SR.  
Address: 121 WOODHAVEN CIRCLE, EAST  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TRES  
Name: CULP, MARK SR.  
Address: 121 WOODHAVEN CIRCLE, EAST  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: MARK W. CULP

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date