

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P19927

1. Entity Name  
VISION BUSINESS PRODUCTS, INC.



**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90281 045 \*\*\*150.00

Principal Place of Business  
7201 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809 US

Mailing Address  
7201 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0055715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BLASER, PATRICIA  
7201 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809

## 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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAMEY, LEE	
STREET ADDRESS	7201 LAKE ELLENOR DRIVE	
CITY - ST - ZIP	ORLANDO, FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, ROBERT	
STREET ADDRESS	2136 S W 5TH AVENUE	
CITY - ST - ZIP	PORTLAND, OR	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AARONSON, HARRIS N.	
STREET ADDRESS	57 WENDELL AVE.	
CITY - ST - ZIP	PITTSFIELD, MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESS, DOUG	
STREET ADDRESS	1842 CENTERPOINTE DR.	
CITY - ST - ZIP	NAPERVILLE, IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUEMMER, JOHN	
STREET ADDRESS	RT 71 AT ALFORD LINE	
CITY - ST - ZIP	GREAT BARRING, MA	
TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES, ROGERS	
STREET ADDRESS	7201 LAKE ELLENOR DRIVE	
CITY - ST - ZIP	ORLANDO, FL 32809	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS M. ROGERS	
STREET ADDRESS	7201 LAKE ELLENOR DRIVE	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES V. ROGERS	
STREET ADDRESS	600 LOGAN STREET	
CITY - ST - ZIP	CARNEGIE, PA. 15106	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas M. Rogers* 4-10-06 407-857-1714