


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90050 002 \*\*\*158.75

<b>DOCUMENT # P93000011997</b>			
1. Entity Name VISION BUILDERS OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 992 N. TOWN & RIVER DR. FORT MYERS FL 33919 US		Mailing Address 992 N. TOWN & RIVER DR. FORT MYERS FL 33919 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 5758	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BRECKENRIDGE, CO	
Zip	Country	Zip	Country
		80424	USA
6. Name and Address of Current Registered Agent MENDRICK, CHRISTOPHER 992 N TOWN : RIVER DR FORT MYERS FL 33919		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 MENDRICK, CHRISTOPHER 992 N TOWN : RIVER DR FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MENDRICK, CHRISTOPHER PO BOX 5758 BRECKENRIDGE, CO 80424 <input checked="" 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		
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SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-07

Date

(970) 547-4927

Daytime Phone #