## 2004 FOR PROFIT CORPORATION

## Apr 26, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P93000021759** 1. Entity Name VISAGE, ETC. INC. Principal Place of Business Mailing Address 400 W. MORSE BLVD P 0 BOX 2816 STE 206 WINTER PARK, FL 32790-2816 US WINTER PARK, FL 32789 US 04012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3179473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent BASSETT, PATRICIA DO NOT WRITE 479 CITRÚS LANE MAITLAND, FL 32751 IN THIS SPACE 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. Lam 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HAME BASSETT, PATRICIA STREET ADDRESS 479 CITRUS LANE CHY-St-ZIP MAITLAND, FL RILE 000000133237 NAME STREET ADDRESS (14/27/04-80076-025 150.00 CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HILE IN THIS SPACE MANAE STREET ADDRESS 0714-51-21P 1331 F NAME STREET ADDRESS CHY-SI-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or t changed, or on an att

**SIGNATURE** 

7131 5 NAME STREET ADDRESS CRY-ST-ZIP

**FILED**