

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90383 031 ***150 00

DOCUMENT # P94000006798

1. Entity Name

VISIONS & MORE, INC.

Principal Place of Business

327 NW 23RD AVE.
SUITE 1
GAINESVILLE FL 32609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

PO BOX 1730
MELROSE FL 32666

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3216390

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, KATHY A
2400 SE CR 21-B
PO BOX 1730
MELROSE FL 32666

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

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

as President of Visions & More, Inc.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12. I hereby certify that the information supplied with this filing 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 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

as President of Visions & More, Inc.

DATE

Daytime Phone #