2005 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # P94000006798** 1. Entity Name 04-19-2005 90383 031 ***150.00 VISIONS & MORE, INC. Principal Place of Business Mailing Address 327 NW 23RD AVE. PO BOX 1730 **SUITE 1** MELROSE FL-32666 **GAINESVILLE FL 32609** 2. Principal Place of Business 3. Mailing Address 907 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FÉI Number 59-3216390 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 3213CO Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name athy A. Henderson HENDERSON, KATHY A Street Address (P.O. Box Number is Not Acceptable) -2400 SE CR 21-B PO BOX 1730 9 First Ave. MELROSE-FL 32666 Palm Coast 32137 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. as President of Visions & More, Inc. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TETT F Change ☐ Addition NAME HENDERSON, KATHY A 9 First Aue. STREET ADDRESS 2400 SE CR 21-B-PO BOX 1730 STREET ADDRESS Palm Coast FL 32137 MELROSE FL 92666 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ■ Addition NAME DOBBS, JOYCE NAME 2400 SE CR 21-B PO BOX 1730 STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP MELROSE FL 32666 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

as President of Vicione & More Inc. 386-446-6097

FILED

352-264-1990

Davtme Phone #