

**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000012325

1. Entity Name
VISION COMPUTERS INCORPORATED



Principal Place of Business

10750-13 ATLANTIC BOULEVARD
DISCOVERY ZONE PLAZA
JACKSONVILLE, FL 32225-2941

Mailing Address

10750-13 ATLANTIC BOULEVARD
DISCOVERY ZONE PLAZA
JACKSONVILLE, FL 32225-2941



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3361687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BHAKTA, HITESH
13410 FOXHAVEN DR. S
JACKSONVILLE, FL 32224

**DO NOT WRITE
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. 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000014350
02/13/08-80040-024 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME BHAKTA, HITESH
STREET ADDRESS 13410 FOXHAVEN DR S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VST
NAME BHAKTA, ANJANA
STREET ADDRESS 13410 FOXHAVEN DR S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

Hitesh R Bhakta 2/11/08 904-641-3825