

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000035935

1. Entity Name

VISUAL IMPACT PRODUCTS INC.



Principal Place of Business

**1901 13 AVE. N.
ST. PETERSBURG, FL 33713 US**

Mailing Address

**1901 13 AVE. N.
ST. PETERSBURG, FL 33713 US**

DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3376477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SARANCZAK, JAMES
1901 13 AVE. N.
ST. PETERSBURG, FL 33713**

**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 re-listing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000558802
05/18/06-80014-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SARANCZAK, JAMES
STREET ADDRESS	1901 13 AVE. N.
CITY - ST - ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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

5/1/06

Date

727-894-1340

Daytime Phone #