

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000094111**

1. Entity Name  
**NORTH STAR VISIONS, INC.**



**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

Principal Place of Business  
**2450 ROBERT D RD  
MOUNT DORA, FL 32757**

Mailing Address  
**P.O. BOX 1695  
MOUNT DORA, FL 32756**



**DO NOT WRITE IN THIS SPACE**

04102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0792270**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAMLIN, ROY C JR  
2450 ROBERT D RD  
MOUNT DORA, FL 32757**

**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**

U000000894045  
04/24/08-80012-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME **HAMLIN, ROY C JR**  
STREET ADDRESS **2450 ROBERT D RD**  
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE  
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CITY-ST-ZIP

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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

04/10/08

Date

561 309-8204

Daytime Phone #