2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90050 012 ***150.00

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1. Entity Name
VISLAY ARCHITECTS GROUP, INC.

Principal Place of Business	Mailing Address
108 DIXIE LANE COCOA BEACH, FL 32931	108 DIXIE LANE COCOA BEACH, FL 32931

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
625 E Merritt Ave	625 E Merritt Ave
Suite, Apt. #, etc. Suite O	Suite, Apt. # etc. Suite O
City & State Merritt Island, FL	City & State Merritt Island, FL
Zip / Country 32953 / Brevard	Zip / Country 32953 / Brevard

4. FEI Number
59-3482837
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VISLAY, JOSEPH R
108 DIXIE LANE
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name

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

City FL 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VISLAY, JOSPEH R 185 MOORE AVE MERRITT ISLAND, FL 32952	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VISLAY, HELEN I 185 MOORE AVE MERRITT ISLAND, FL 32952	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KELLEY, MICHAEL F 6956 HAMMOCK TRACE DR. MELBOURNE, FL 32940	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Joseph R. Vislay 7-20-05 321-453-4780
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

JOSEPH R. VISLAY