

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000.1058Z3

1. Entity Name

VISLAY ARCHITECTS GROUP, INC.



Principal Place of Business

625 E. MERRITT AVE
SUITE O
MERRITT ISLAND FL 32953

Mailing Address

625 E. MERRITT AVE
SUITE O
MERRITT ISLAND FL 32953



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

VISLAY, JOSEPH R
625 E. MERRITT AVE
SUITE O
MERRITT ISLAND FL 32953

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

Joseph R. Vislay

(NOTE: Registered Agent signature required when reinstating)

2-2-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME VISLAY, JOSEPH R
STREET ADDRESS 185 MOORE AVE
CITY-STATE-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000624851
CITY-STATE-ZIP 02/14/07-80052-007 150.00

TITLE ST ☐ Delete
NAME VISLAY, HELEN I
STREET ADDRESS 185 MOORE AVE
CITY-STATE-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VP ☐ Delete
NAME KELLEY, MICHAEL F
STREET ADDRESS 6986 HAMMOCK TRACE DR.
CITY-STATE-ZIP MELBOURNE FL 32940

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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CITY-STATE-ZIP ☐ Delete

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TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-STATE-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph R. Vislay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07 321-243-6180

Date

Daytime Phone # (cell)