


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000107387		
1. Entity Name VISUAL IMAGES OF C.F., INC.		
Principal Place of Business 237 3RD STREET SOUTHWEST WINTER HAVEN, FL 33880	Mailing Address 237 3RD STREET SOUTHWEST WINTER HAVEN, FL 33880	

FILED
Sep 05, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3484443	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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)

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**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

09/05/08-80007-012 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGOON, BARRY D II 231 3RD STREET SOUTHWEST WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURGOON, KIMBERLY A 231 3RD STREET SOUTHWEST WINTER HAVEN, FL 33880
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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

9-2-08

Date

863-297-8018

Daytime Phone #