

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000023443

1. Entity Name
VISION FAMILY MANAGEMENT, INC.



Principal Place of Business
**7418 WESTMORELAND DRIVE
SARASOTA, FL 34243**

Mailing Address
**7418 WESTMORELAND DRIVE
SARASOTA, FL 34243**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0823001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOWMAN, DAVID G SR
22 S TUTTLE AVE
STE 3
SARASOTA, FL 34237**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME BECKSTEIN, EUGENE H
STREET ADDRESS 7418 WESTMORELAND DRIVE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE D
NAME BECKSTEIN, ANNABELLE
STREET ADDRESS 7418 WESTMORELAND DRIVE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE D
NAME BECKSTEIN, KIRK
STREET ADDRESS 550 ROSE SHARON DR
CITY-ST-ZIP LEXINGTON, SC 29072

TITLE D
NAME OVENS, JULIE
STREET ADDRESS 10305 BAULTUSROL PL
CITY-ST-ZIP BRADENTON, FL 34202

TITLE D
NAME TILTON, LESLIE
STREET ADDRESS P.O. BOX 75 N/A
CITY-ST-ZIP TERRA CEIA, FL 34250

TITLE D
NAME BECKSTEIN, BRUCE
STREET ADDRESS 7426 WESTMORE LAND DR
CITY-ST-ZIP SARASOTA, FL 34243

U00000197213
01/26/05-80102-007 150.00

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IN THIS SPACE**

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: *Eugene H Beckstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE H. BECKSTEIN
2/8/05

Date

Daytime Phone #

941-351-7060