

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000101615**

1. Entity Name  
IN-VISIONS TECHNOLOGY INTERNATIONAL, INC.



Principal Place of Business

311 SYLVAN DR.  
ORMOND BEACH, FL 32174

Mailing Address

311 SYLVAN DR.  
ORMOND BEACH, FL 32174

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3545717

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROCK, JEFFREY P  
444 SEABREEZE BLVD  
SUITE 900  
DAYTONA BEACH, FL 32118

**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

U000000908064  
05/06/08-80013-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOCCACCIO, JEFFREY A  
STREET ADDRESS 14 CHICHASAW COURT  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE VP  
NAME PRICE, SANDRA L  
STREET ADDRESS 311 SYLVAN DR.  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

4-17-08  
Date

386-672-6362  
Daytime Phone #