


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000105564 1. Entity Name VISUAL IDENTITY SOLUTIONS, INC.	
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FILED
Aug 04, 2008 08:00 AM
Secretary of State

Principal Place of Business 1298 BLUE HERON LANE NORTH JACKSONVILLE BEACH, FL 32250	Mailing Address 1298 BLUE HERON LANE NORTH JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE

07292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3612052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYNE, CHERYL O
1298 BLUE HERON LANE NORTH
JACKSONVILLE BEACH, FL 32250

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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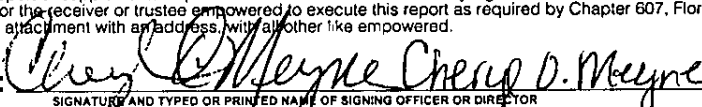
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEYNE, CHERYL O 1298 BLUE HERON LANE NORTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYNE, FREDRICK A 1298 BLUE HERON LANE NORTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADFORD, CARRETT 105 14TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/04/08-80006-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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** **Cheryl O. Meyne** **Date** **904 241 2533** **Daytime Phone #**