

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V11327

1. Entity Name
VISIONARY PRODUCTIONS INC.



Principal Place of Business
2809 WEST 15TH STREET
SUITE 202
PANAMA CITY, FL 32401

Mailing Address
2809 WEST 15TH STREET
SUITE 202
PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3105143

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

LEIGHTON, ROBERT J.
2809 WEST 15TH STREET
SUITE 202
PANAMA CITY, FL 32401

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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, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEIGHTON, ROBERT J.
STREET ADDRESS	966 HUNTINGDON RD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	DVTS
NAME	LEIGHTON, SUSAN K.
STREET ADDRESS	966 HUNTINGDON RD.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/04-80082-004 150.00

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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: Susan K. Leighton Susan K. Leighton

4/19/04 850-784-9942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #