

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 02, 2004 08:00 AM  
Secretary of State

DOCUMENT # F97000004365  
1. Entity Name  
LAKE BUENA VISTA SIERRA CORPORATION



Principal Place of Business 8100 E. 22ND ST. NORTH, BLDG. 500 WICHITA, KS 67226  
Mailing Address 8100 E. 22ND ST. NORTH, BLDG. 500 WICHITA, KS 67226

**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2844705 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000031559  
02/04/04-80153-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	RUHFUS, ROLF E
STREET ADDRESS	8100 E. 22ND ST. NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	P
NAME	ISAAC, B. ANTHONY
STREET ADDRESS	8100 E. 22ND ST. NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	VTD
NAME	BAKER, ROY R
STREET ADDRESS	8100 E. 22ND ST. NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	V
NAME	MARVIN, DON R
STREET ADDRESS	8100 E. 22ND ST. NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	S
NAME	MORSE, JOHN R
STREET ADDRESS	8100 E. 22ND ST. NORTH, BLDG. 500
CITY-ST-ZIP	WICHITA, KS 67226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Roy R. Baker ROY R. BAKER 1/28/04 (316)681-5107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #