


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000085739

1. Entity Name
AQUA VISTA, INC.



Principal Place of Business 535 CHEVAL DR VENICE, FL 34292 US	Mailing Address 535 CHEVAL DR VENICE, FL 34292 US
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0794222	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, ROBERT C
 535 CHEVAL DR
 VENICE, FL 34292**

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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 _____ 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**

10. OFFICERS AND DIRECTORS	
TITLE P	HARRIS, DAVID B PO BOX 164 CLINTON, NY 13313
TITLE VP	HARRIS, TODD K 814 TIMBERWOOD DR CRANBERRY TWP, PA 16066
TITLE ST	HARRIS, RICHARD G 6 VIA MAESTRA SCHENECTADY, NY 12302
TITLE NAME	
TITLE NAME	
TITLE NAME	

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 01/20/04-80055-016 150.00

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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: *[Signature]* **R.C. HARRIS** *[Signature]* **1/14/04** **944-496-9494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #