


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 165041 1. Entity Name BUENA VISTA MOTEL INC.	
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Principal Place of Business 5200 SPACE COAST PARKWAY KISSIMMEE, FL 34746-5346	Mailing Address 5200 SPACE COAST PARKWAY KISSIMMEE, FL 34746-5346
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0651392	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

CSOKASY, IRENE
BUENA VISTA MOTEL, INC.
5200 W BRONSON MEM. HWY
KISSIMMEE, FL 34746

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CSOKASY, JOSEPH 1381 PINE IS. RD. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CSOKASY, IRENE 5200 W BRONSON MEM HWY KISSIMMEE, FL
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02/23/04-80133-001 150.00

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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)(f), 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: Dorothy Csokasy 2-19-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #