

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90104 034 \*\*\*150.00

**DOCUMENT # 612789**

1. Entity Name

VISTA BELLA, INC.



Principal Place of Business  
BOX 540308  
MERRITT ISL FL 32954

Mailing Address  
BOX 540308  
MERRITT ISL FL 32954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

\* BARCANT, KEVIN CHARLES  
233 ANTIGUA DR  
COCOA BCH FL 32931 ✓

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME BARCANT, CATHRYN M  
STREET ADDRESS 233 ANTIGUA DR  
CITY-ST-ZIP COCOA BCH FL 32931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS ~~1335 JOHN DR~~  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ Change ☐ Addition  
NAME \* BARCANT-KEVIN C.  
STREET ADDRESS 233 ANTIGUA DR  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS BARCANT, KAREN M  
CITY-ST-ZIP 6116 QUEBUE PLACE  
BERWYN HEIGHTS MD

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BARCANT, COLIN K  
STREET ADDRESS 233 ANTIGUA DR  
CITY-ST-ZIP COCOA BCH FL 32931

TITLE ☐ Change ☐ Addition  
NAME BARCANT-HEIDI  
STREET ADDRESS 233 ANTIGUA DR  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS BARCANT, RICHARD K  
CITY-ST-ZIP 233 ANTIGUA DR  
COCOA BCH FL 32931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BARCANT, MAREN  
CITY-ST-ZIP 233 ANTIGUA DR  
COCOA BCH FL 32931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PHONE 321-783-5453

19 APR-04

FEI 423 1209224