

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90022 008 \*\*\*150.00

**DOCUMENT # G71619**

1. Entity Name  
**SUN VISTA, INC.**



Principal Place of Business  
**8203 THOMAS DRIVE  
P.O. BOX 9573  
PANAMA CITY BEACH, FL 32408**

Mailing Address  
**8203 THOMAS DRIVE  
P.O. BOX 9573  
PANAMA CITY BEACH, FL 32408**

**DO NOT WRITE IN THIS SPACE**



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2361148**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALLAN, SHER L  
731 OAK AVENUE  
PANAMA CITY, FL 32401**

**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 \_\_\_\_\_

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**

9. Election Campaign-Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ELGEE, CHRISTOPHER
STREET ADDRESS	8203 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408

TITLE	D
NAME	ELGEE, MARY
STREET ADDRESS	8203 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408

TITLE	D
NAME	ELGEE, FARRIS
STREET ADDRESS	8203 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408

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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IN THIS SPACE**

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 #

*Mary K Elgee*  
**4-12-04**