## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L41233

Name:

Address:

City-St-Zip:

VEAL, JAMES W SR,

3417 COUNTY RD 421

LAKE PANASOFFKEE, FL 33538

Entity Name: PANA VISTA LODGE, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3417 C.R. L. PANAS	421 OFFKEE, FL 335	38 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3417 C.R. L. PANAS	421 OFFKEE, FL 335	38 US			
FEI Number:	: 59-2996872 I	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
COUNTY I LAKE PAN The above	IASOFFKEE, FL		purpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
Election Car		Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () De VEAL, JAMES W., 3417 COUNTY RO, LAKE PANASOFFK	JR., AD 421	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () De VEAL, ELOISE M., 3417 COUNTY RO. LAKE PANASOFF	AD 421	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	P ()De	lete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES W. VEAL JR. VP 03/20/2009