2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

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DOCUI 1. Entity Name VISTAS OF INC.				02-21-2008	-				
Principal Place of Business 4000 GULF BLVD. ST. PETE BEACH, FL 33706 SAINT PETERSBURG, FL				:					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13030 Gulf BIVL							HIBI BI IBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242008	Chg-NP	CR2E	037 (12/06)	
City & State		Madeira Beach, FL			4. FEI Numbe 42-1568	822			oplied For ot Applicable
Zip	Country	^{Zip} 33704	Country U.S.		5. Certificate	of Status Desired	d 🔲	\$8.75 Add Fee Require	
	6. Name and Address of Current				7. Name and	Address of Nev	w Registere	d Agent	
TOTAL RE	Name								
13030 GUI MADEIRA	LF BLVD BEACH, FL 33708		Street A	Street Address (P.O. Box Number is Not Acceptable)				···-	
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			City				F	L Zip Cod	e
	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office or	registere	d agent, or bot	h, in the State of	Florida, I a	m familiar with,	and accept
			5008	1991	250				
					3 1 1 1				
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatu	w toeriuper enu	hen te catating)		DAT	E	
SIGNATURE.	Filing Fee is \$61.25	9. Election Camp	paign Financing		55.00 May B		Make ch	eck payable t	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ntribution.	_ ;	\$5.00 May B Added to Fees	F	Make cho lorida Der	eck payable to	tate
SIGNATURE . 10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B Added to Fees		Make cho lorida Der	eck payable to	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 617, 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:

ED OR PRINTED MANNO SIGNING ONEMER OR DIRECTOR U

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