

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 028 ***150.00

DOCUMENT # P01000015469					
1. Entity Name WESTWOOD VISTA CORPORATION					
Principal Place of Business 12720 BROLEMAN ROAD ORLANDO, FL 32832			Mailing Address 12720 BROLEMAN ROAD ORLANDO, FL 32832		
2. Principal Place of Business 12450 Kirby Smith Rd Suite, Apt. #, etc.		3. Mailing Address 12450 Kirby Smith Rd Suite, Apt. #, etc.			
City & State ORLANDO, Florida		City & State ORLANDO, Florida		4. FEI Number 59-3700861	
Zip 32832		Country ORANGE		City & State ORLANDO, Florida	
Zip 32832		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNT, HAROLD M 12720 BROLEMAN ROAD ORLANDO, FL 32832			7. Name and Address of New Registered Agent Name: HUNT, HAROLD M. Street Address (P.O. Box Number is Not Acceptable): 12450 Kirby Smith Road City: ORLANDO FL Zip Code: 32832		
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)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TROST, ROBERT D 3041 TINDALL ACRES RD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUHOLZ, PAUL D 2950 TINDALL ACRES RD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HUNT, HAROLD M 12720 BROLEMAN ROAD ORLANDO, FL 32832	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Harold M. Hunt</u> <u>4/30/04</u> <u>407-719-2686</u>		