

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000015469

1. Entity Name
WESTWOOD VISTA CORPORATION



Principal Place of Business
**12450 KIRBY SMITH RD.
ORLANDO, FL 32832**

Mailing Address
**12450 KIRBY SMITH RD.
ORLANDO, FL 32832**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3700861 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUNT, HAROLD M
12450 KIRBY SMITH RD.
ORLANDO, FL 32832**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TROST, ROBERT D 3041 TINDALL ACRES RD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BUHOLZ, PAUL D 2950 TINDALL ACRES RD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HUNT, HAROLD M 12450 KIRBY SMITH RD. ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/22/06-80057-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

HAROLD M. HUNT

Date

4-4-06 407-719-2686

Daytime Phone