

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90010 034 ***150.00

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



2. Principal Place of Business - No P.O. Box #

6650 HOFFNER AVE.

Suite, Apt. #, etc.

SUITE D

3. Mailing Address

6650 HOFFNER AVE.

Suite, Apt. #, etc.

SUITE D

City & State

ORLANDO Florida

City & State

ORLANDO, Florida

Zip

32822

Country

USA

Zip

32822

Country

USA

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

Name

HAROLD M. HUNT

Street Address (P.O. Box Number is Not Acceptable)

6650 HOFFNER AVE.

SUITE D

City

ORLANDO

FL

Zip Code

32822

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

Harold M. Hunt

HAROLD M. HUNT SEC. Tres

4/20/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME TROST, ROBERT D
STREET ADDRESS 3041 TINDALL ACRES RD
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE DV
NAME BUHOLZ, PAUL D
STREET ADDRESS 2950 TINDALL ACRES RD
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE DST
NAME HUNT, HAROLD M
STREET ADDRESS 12450 KIRBY SMITH RD.
CITY-ST-ZIP ORLANDO FL 32832 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Harold M. Hunt

HAROLD M. HUNT SEC. Tres 4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-719-2686