

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90019 032 \*\*\*150.00

**DOCUMENT # P01000022537**

1. Entity Name

VISTA RESEARCH GROUP, INC.



Principal Place of Business

4846 N. UNIVERSITY DR  
#175  
FORT LAUDERDALE FL 33319

Mailing Address

7350 NW 52ND STREET  
FORT LAUDERDALE FL 33319

2. Principal Place of Business

7350 NW 52ND STREET

3. Mailing Address

7350 NW 52ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

65-1088036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, LLOYD  
7350 NW 52ND STREET  
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Lloyd Grimes* LLOYD GRIMES

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, 2004, 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 D ☐ Delete  
NAME GRIMES, LLOYD  
STREET ADDRESS 7350 NW 52ND STREET  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ST ☐ Delete  
NAME GRIMES, SHARON  
STREET ADDRESS 7350 NW 52ND STREET  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Lloyd Grimes* LLOYD GRIMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04 954 445 9771

Date

Daytime Phone #