


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90021 038 \*\*\*150.00

DOCUMENT # P01000062460		
1. Entity Name VISTA DESIGN & DEVELOPMENT, INC.		

Principal Place of Business 4847 COMMONWEALTH SARASOTA, FL 34242	Mailing Address 4847 COMMONWEALTH SARASOTA, FL 34242
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34041019

2. Principal Place of Business 5541 Eastwind Dr	3. Mailing Address 5541 Eastwind Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03292004 Chg-P CR2E034 (10/03)

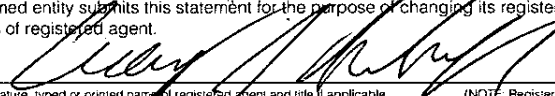
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34233	Zip 34233
Country USA	Country US

4. FEI Number 03-0424893	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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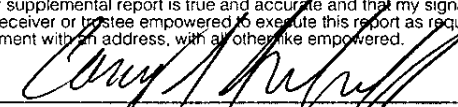
6. Name and Address of Current Registered Agent	
KAUFMANN, VINCE 1856 TULIP DR. SARASOTA, FL 34239	

7. Name and Address of New Registered Agent	
Name Craig J. Schaeffer	
Street Address (P.O. Box Number is Not Acceptable) 5541 Eastwind Dr.	
City Sarasota	FL Zip Code 34233

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 	DATE 3/29/04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DAN 1407 RUSSELL AVE. SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vincent DePaul Kaufmann, III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3136 Weber St Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFFER, CRAIG 325 GOLDEN GATE PT., #5W SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Craig J. Schaeffer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5541 Eastwind Dr Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 3/29/04