2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000046726

1. Entity Name
VISTA VIEW GLASS & MIRROR, INC.

Principal Place of Business	Mailing Address
4344 CORPORATE SQUARE #2 NAPLES, FL 34104	4344 CORPORATE SQUARE #2 NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0602267
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KISH, LOUIS A
4344 CORPORATE SQUARE #2
NAPLES, FL 34104

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00-
After May 1, 2007 Fee will be $550.00

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

U00000753325
05/22/07-80016-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	KISH, KIMBERLY A
STREET ADDRESS	289 SPIDER LILY LANE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VPT
NAME	KISH, SCOTT L
STREET ADDRESS	289 SPIDER LILY LANE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	P
NAME	KISH, LOUIS A
STREET ADDRESS	SHADOWOOD CIRCLE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Scott Kish 4/9/2007 (239) 2131505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #