

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90024 042 ***150.00

DOCUMENT # P03000068065 1. Entity Name VISTA HOTEL III, INC.			
Principal Place of Business 2050 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084		Mailing Address 2050 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084	
2. Principal Place of Business - No P.O. Box # 16 Avenida Menendez		3. Mailing Address 32 Avenida Mendenez	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32084		Zip 32084	
Country St. Johns		Country St. Johns	
4. FEI Number 57-1178502		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYAN, LINDA 97 ORANGE ST ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Sohns	
Name 		Street Address (P.O. Box Number is Not Acceptable) 	
City 		State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, KANTIBHAI M 32 AVENIDA MENENDEZ ST AUGUSTINE, FL 32084 <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	STD PATEL, KALAVATI M 32 AVENIDA MENENDEZ ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/3/08 904-829-2627 Date Daytime Phone #	