
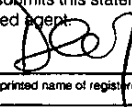



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90022 049 ***158.75

DOCUMENT # P04000171116 1. Entity Name LEE VISTA HOLDINGS, INC.					
Principal Place of Business 1917 BOOTHE CIRCLE #151 LONGWOOD, FL 32750			Mailing Address PO BOX 941719 MAITLAND, FL 32794		
2. Principal Place of Business 503 Wekiva Commons Circle Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1029 Suite, Apt. #, etc.			
City & State Apopka, FL		City & State Apopka, FL			
Zip 32712	Country Orange	Zip 32704	Country Orange	4. FEI Number 06-1737628	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOORE, DONALD L JR. 1917 BOOTHE CIRCLE 151 LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name Moore, Donald L Jr. Street Address (P.O. Box Number is Not Acceptable) 503 Wekiva Commons Circle City Apopka FL Zip Code 32712		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	D MOORE, DONALD L JR. 1917 BOOTHE CIRCLE #151 LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S Moore, Donald L Jr. P.O. Box 1029 Apopka, FL 32704
				<input checked="" 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	D, VP, AS Knaub, Jimmy L P.O. Box 1029 Apopka, FL 32704
				<input type="checkbox"/> Change <input checked="" 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 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:  4/4/06 407-410-0210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					