

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000074584

Entity Name: A LA VISTA SERVICES, INC.

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

128 LONDON FOG WAY  
SANFORD, FL 327717769

## **New Principal Place of Business:**

30555 PGA DRIVE  
SORRENTO, FL 32776

## **Current Mailing Address:**

128 LONDON FOG WAY  
SANFORD, FL 327717769

## **New Mailing Address:**

30555 PGA DRIVE  
SORRENTO, FL 32776

FEI Number: 20-3036658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

COLOMBEY, SARITA M  
30555 PGA DR  
SORRENTO, FL 32776 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: COLOMBEY, SARITA M  
Address: 128 LONDON FOG WAY  
City-St-Zip: SANFORD, FL 327717769

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: COLOMBEY, SARITA M  
Address: 30555 PGA DRIVE  
City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARITA COLOMBEY

PSTD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date