


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000151204
 1. Entity Name
 VISTA 2005, INC.



Principal Place of Business
 4577 HIGHWAY 20 EAST
 NICEVILLE, FL 32578

Mailing Address
 4577 HIGHWAY 20 EAST
 NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE



05202008 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-3809153 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PATEL, DEEPAK L
 4577 HIGHWAY 20 EAST
 NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEEPAK, PATEL L
STREET ADDRESS	4577 HWY 20 EAST
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/04/08-80065-006 150.00

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: Deepak L Patel **5/21/08** **8501897-0600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #