2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2011
Secretary of State

DOCUMENT# P10000035775

Entity Name: BUENA VISTA ADVENTURE, INC.

Current Principal Place of Business:

2015 LULLABY DR.
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

2015 LULLABY DR.
HOLIDAY, FL 34691 US

New Mailing Address:

FEI Number: 27-2500988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRISH, HAROLD B
2015 LULLABY DR.
HOLIDAY, FL 34691 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

OFFICERS AND DIRECTORS:

Title: PD
Name: ARCHAMBAULT, WILLIAM J
Address: 1852 SHADY COVE DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: TD
Name: PARRISH, HAROLD B
Address: 2015 LULLABY DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: VP/D
Name: WELLS, CHARLES
Address: 1924 PLEASURE DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: SD
Name: BEAVERS, CAROL
Address: 2021 SPECK DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: D
Name: HAVEN, SHIRLEY
Address: 1745 PLEASURE DR
City-St-Zip: HOLIDAY, FL 34691 US

Title: D
Name: PHILLIPS, CONNIE
Address: 4117 LANGE RD.
City-St-Zip: HOLIDAY, FL 34691 US

I hereby 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 all other like empowered.

SIGNATURE: CAROL LEE BEAVERS SEC 03/02/2011

Electronic Signature of Signing Officer or Director Date