

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035775

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: BUENA VISTA ADVENTURE, INC.

## Current Principal Place of Business:

2015 LULLABY DR.  
HOLIDAY, FL 34691 US

## New Principal Place of Business:

2039 ORANGE ST  
HOLIDAY, FL 34691 US

## Current Mailing Address:

2015 LULLABY DR.  
HOLIDAY, FL 34691 US

## New Mailing Address:

PO BOX 309  
TARPON SPRINGS, FL 34688 US

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:

JANET L SHERMAN CPA PA  
5139 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652 US

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: JANET L SHERMAN

04/24/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: WELLS, CHARLES  
Address: 1924 PLEASURE DR  
City-St-Zip: HOLIDAY, FL 34691 US

Title: VPD  
Name: NASH, CAROL  
Address: 2132 SHADY COVE DR  
City-St-Zip: HOLIDAY, FL 34691 US

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

Title: SD  
Name: PHILLIPS, CONNIE  
Address: 4117 LANGE RD  
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: PEARSON, JIM  
Address: 1814 HOYLE DR  
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 BEAVERS

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04/24/2012

Electronic Signature of Signing Officer or Director

Date