

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083105

FILED
Apr 26, 2004
Secretary of State

Entity Name: VISTA IV CONSTRUCTORS, INC.

Current Principal Place of Business:

100 VISTA ROYALE BLVD.
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

100 VISTA ROYALE BLVD.
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 65-0534594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTE, LOIS R
6606 20TH ST
VERO BEACH, FL 32966 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: VSD () Delete
Name: GASKILL, ROBERT L
Address: 28 FOREST PARK DR.
City-St-Zip: VERO BEACH, FL

Title: PTD () Delete
Name: KURTZ, JOHN C
Address: 100 VISTA ROYALE BLVD
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KURTZ, MARY P
Address: 100 VISTA ROYALE BLVD
City-St-Zip: VERO BEACH, FL 32962 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN C. KURTZ

P

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date