

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040301

Entity Name: BUENA VISTA CONCESSIONS, INC.

FILED  
Apr 25, 2008  
Secretary of State

**Current Principal Place of Business:**

2697 W FAIRBANKS AVE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

2697 W FAIRBANKS AVE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-3382642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHIGHAM, FRANK C  
200 W 1ST ST, SUITE 22  
SANFORD, FL 32771 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: P ( ) Delete  
Name: SMITH, ROBERT C  
Address: 940 MOSS TREE PL.  
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete  
Name: SMITH, TAMMY L  
Address: 940 MOSS TREE PL.  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: SMITH, WILLIAM S  
Address: 161 HUNTERS TR  
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete  
Name: SMITH, NELLY B  
Address: 161 HUNTERS TR  
City-St-Zip: LONGWOOD, FL 32779

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

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

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

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

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

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: NELLY B. SMITH

S

04/25/2008

Electronic Signature of Signing Officer or Director

Date