


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000097835
 1. Entity Name
 TERRA VISTA, INC.




Principal Place of Business
 1700 SUMMIT LAKE DR.
 TALLAHASSEE, FL 32317

Mailing Address
 1700 SUMMIT LAKE DR.
 TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE

FILED
 04 APR 30 AM 9 38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3477611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEARNEY, RICHARD S
 1700 SUMMIT LAKE DR
 TALLAHASSEE, FL 32317

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

700035822397
 10/04--01079--024 **150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KEARNEY, RICHARD S
STREET ADDRESS	2845 CERCY TRACE
CITY-ST-ZIP	TALLAHASSEE, FL 323082523
TITLE	D
NAME	KEARNEY, BERNADETTE
STREET ADDRESS	2845 CERCY TRACE
CITY-ST-ZIP	TALLAHASSEE, FL 323082523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 lists empowered.

SIGNATURE:  **4-30-04** **219-5289**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #