## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # P97000097835  1. Entity Name TERRA VISTA, INC.							04-25-20	06 90103	3 036 ***	150.00	
Principal Place of Business Mailing Address						<u>4</u> ν	U -				
1700 SUMMIT LAKE DR. TALLAHASSEE, FL. 32317		1700 SUMMIT LAKE DR. TALLAHASSEE, FL 32317					5				
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04192006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Number 59-34776		=		<b>→</b>	plied For t Applicable	
Zip	Country	Zip	Count	гу		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current I	Registered Agent				7. Name and	Address of New R				
VEADNEY BIGHADD C					Name						
KEARNEY, RICHARD S 1700 SUMMIT LAKE DR				Street Address (P.O. Box Number is Not Acceptable)							
TALLAHAS	SSEE, FL 32317										
			-	City				FL	Zip Code	<del></del>	
8. The above named entity submits this statement for the purpose of changing its registe				nd office or	register	ed agent or bo	th in the State of Fir		amiliar with	and accent	
	ons of registered agent.	- For process of the same group was	9,0,0,0		- og : z.c.	ago, o. 50	, 0.0 0.0.0 0		2.111.21 1150.71	ana assopt	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	l Agent signati	ne required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		cing	<b>\$5</b> . Add	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	<del></del>		TITLE		D/P	10 1	اسدامیان بر د	•	Change	Addition	
NAME STREET ADDRESS	*		NAME	ET ADDRESS	K164	ard S. K. 9 Mc Brid	le Roint				
CITY-ST-ZIP	TALLAHASSEE, FL 323082523		CITY-	ST-ZIP	Tal	laborers.	ITL 32312				
TITLE	D KEARNEY REPNARETTE	☐ Delete	TITLE		0/5	/T, +4. V	carney Le Point		🔀 Change	☐ Addition	
NAME STREET ADDRESS	KEARNEY, BERNADETTE 2845 CERCY TRACE		NAME STREE	ET ADDRESS	Ber1	a MaBria	he Point				
CITY-ST-ZIP	TALLAHASSEE, FL 323082523			ST-ZIP	Tall	lahossee,	FL 32312	_			
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM6 STREE	ET ADDRESS							
CITY-ST-ZIP			•	ST-ZIP							
TITLE		☐ Defete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	■ Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME			NAMI								
STREET ADDRESS CITY-ST-ZiP				et address - St - Zip							
	cortify that the information sympliad with	this filion does not qualify to			ontaine	t in Chanter 119	2 Florida Statutes I	further cert	ify that the it	dormation	

12. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 seport 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-20-04

850-219-5721

Daytime Phone #