

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000073707

1. Entity Name
CLERMONT VISTA, INC.



Principal Place of Business
306 NEBRASKA AVE.
LONGWOOD, FL 32750

Mailing Address
306 NEBRASKA AVE.
LONGWOOD, FL 32750



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3596129 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KWIATKOWSKI, HARRY S
306 NEBRASKA AVE.
LONGWOOD, FL 32750

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME KWIATKOWSKI, HS
STREET ADDRESS 306 NEBRASKA
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DV
NAME SPENCE, KIMBERLY L
STREET ADDRESS 783 CROWS BLUFF LN
CITY-ST-ZIP SANFORD, FL 32773

TITLE DV
NAME KWIATKOWSKI, JUDITH
STREET ADDRESS 306 NEBRASKA
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE D
NAME KWIATKOWSKI, DAVID
STREET ADDRESS 310 SE 31ST TERR
CITY-ST-ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000108839
04/12/04-80020-005 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE

[Signature] HSKWIATKOWSKI 4/8/04 4078491670