

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90002 005 ***150.00

DOCUMENT # L94876

1. Entity Name

VIVECA HOLT, INC.



Principal Place of Business

220 W BRANDON BLVD
SUITE 205
BRANDON FL 33511-5100
US

Mailing Address

220 W BRANDON BLVD
SUITE 205
BRANDON FL 33511-5100
US

40006396



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

VIVECA HOLT-Vvholt@aol.com

Suite, Apt. #, 813 - 689 - 5260

220 W BRANDON BLVD. STE. 110

City & State BRANDON, FL 33511-5118

3. Mailing Address

VIVECA HOLT-Vvholt@aol.com

Suite, Apt. #, 813 - 689 - 5260

220 W BRANDON BLVD. STE. 110

City & State BRANDON, FL 33511-5118

4. FEI Number 59-3048481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLT, VIVECA
220 W BRANDON BLVD
STE 205
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

VIVECA HOLT-Vvholt@aol.com

Street Address (P.O. Box Number Not Acceptable)

220 W BRANDON BLVD. STE. 110

BRANDON, FL 33511

City

FL

Zip Code

33511 5118

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 *Viveca Holt* [RE: address change only]

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPV ☐ Delete
NAME HOLT, VIVECA
STREET ADDRESS 12717 KNIGHTS GRIFFIN RD.
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE ST ☐ Delete
NAME HOLT, VIVECA
STREET ADDRESS 12717 KNIGHTS GRIFFIN RD
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Viveca Holt, DPV*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

8136895260

Date

Daytime Phone #