

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146071

Entity Name: V.I.V. INSURANCE, INC.**Current Principal Place of Business:**5810 HWY 189 NORTH
SUITE B
BAKER, FL 32531**Current Mailing Address:**5810 HWY 189 NORTH
SUITE B
BAKER, FL 32531 US**FEI Number:** 20-3709611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOUCHARD, MELISA K
5524 PENNY CREEK ROAD
HOLT, FL 32564 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	BOUCHARD, MELISA K
Address	5524 PENNY CREEK ROAD
City-State-Zip:	HOLT FL 32564

Title	TREASURER
Name	KLITH, TROY W
Address	1321 UPLAND DRIVE 4223
City-State-Zip:	HOUSTON TX 77043

Title	VP
Name	KLITH, TROY W
Address	1321 UPLAND DRIVE 4223
City-State-Zip:	HOUSTON TX 77043

Title	SECRETARY
Name	BOUCHARD, MELISA K
Address	5524 PENNY CREEK ROAD
City-State-Zip:	HOLT FL 32564

I hereby 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 all other like empowered.

SIGNATURE: MELISA K BOUCHARD**PRESIDENT****01/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date