

**2020 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 PVST  
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**

**03/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date