

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000146071

**Entity Name:** V.I.V. INSURANCE, INC.

**Current Principal Place of Business:**

4373 SOUTH FERDON BLVD  
SUITE A  
CRESTVIEW, FL 32536

**Current Mailing Address:**

4373 SOUTH FERDON BLVD  
SUITE A  
CRESTVIEW, FL 32536

**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**

**04/29/2015**

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

\_\_\_\_\_  
Date