

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90034 027 \*\*\*150.00

**DOCUMENT # F97000000512**

1. Entity Name  
**ARVIM, INC.**



Principal Place of Business  
**501 S FOURTH AVENUE  
STE 140  
LOUISVILLE, KY 40202**

Mailing Address  
**501 S. FOURTH AVENUE  
STE 140  
LOUISVILLE, KY 40202**

**60019018**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**33-0737530**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

Name

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

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	CEOP MOORE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	501 S. FOURTH AVENUE, STE 140 LOUISVILLE, KY 40202	
TITLE NAME	CFO JESSEE, MARK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	501 S. FOURTH AVENUE, STE 140 LOUISVILLE, KY 40202	
TITLE NAME	SVP GRANDINETTI, CARMIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	501 S. FOURTH AVENUE, STE 140 LOUISVILLE, KY 40202	
TITLE NAME	SVP BREHL, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	501 S. FOURTH AVENUE, STE 140 LOUISVILLE, KY 40202	
TITLE NAME	A.S.E COYNE, RENEE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	501 S. FOURTH AVENUE, STE 140 LOUISVILLE, KY 40202	
TITLE NAME	DIR MOORE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	501 S. FOURTH AVENUE, STE 140 LOUISVILLE, KY 40202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CFO**

**2/15/06**

**502 719 1600**