

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. #, e
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. #, e
813 - 689 - 5260
220 W BRANDON BLVD. STE. 110
 City & State
BRANDON, FL 33511-5118

4. FEI Number **59-3048481**
 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
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)
813 - 689 - 5260
220 W BRANDON BLVD. STE. 110
BRANDON, FL 33511
 City **BRANDON** 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] DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPV HOLT, VIVECA 12717 KNIGHTS GRIFFIN RD. THONOTOSASSA FL 33592	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLT, VIVECA 12717 KNIGHTS GRIFFIN RD THONOTOSASSA FL 33592	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 1-20-05 8136895260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #