


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**


04-25-2005 90228 049 \*\*\*\*61.25

<b>DOCUMENT # N95000004772</b>		
1. Entity Name <b>VIVID VISIONS, INC.</b>		

Principal Place of Business <b>200 S OHIO AVE LIVE OAK FL</b>	Mailing Address <b>P O BOX 882 LIVE OAK FL 32064 US</b>
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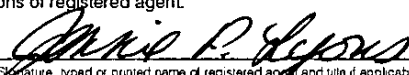
2. Principal Place of Business <b>212 N OHIO AVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LIVE OAK FL.</b>	City & State
Zip <b>32064</b>	Country

	
1st MOORE	CR2E037 (10/04)
4. FEI Number <b>59-3349775</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

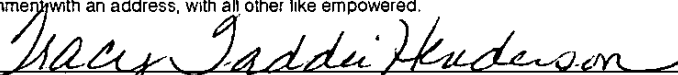
6. Name and Address of Current Registered Agent <b>NOBLES, GARTH R JR 8839 133RD ROAD LIVE OAK FL 32060</b>	
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7. Name and Address of New Registered Agent Name <b>JENNIE F. LYONS</b> Street Address (P.O. Box Number is Not Acceptable) <b>212 N. OHIO AVE.</b> City <b>LIVE OAK</b> FL <b>32064</b>	
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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 	<b>Jennie F Lyons Executive Shelter Director</b> 4/20/05 DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOBLES, GARTH R JR 8639 133RD RD LIVE OAK FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President SAME 715 ONTARIO AVE SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVARD, MARION 618 PINE AVE LIVE OAK FL 32064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding SECRETARY SAME SAME SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POSTON, SUSAN 1474 PEARL AVE LIVE OAK FL 32064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER NANCY PAPAPETROU 610 PINE AVE LIVE OAK FL 32064-0864 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KENNEN, DIANE 13507 CR 136 LIVE OAK FL 32060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DIANE WILLIAMS 8639 133rd lane LIVE OAK FL 32060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENDERSON, TRACY HWY 129 S. JASPER FL 32052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAME SAME SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, MARY A P.O. BOX 16 MAYO FL 32066-0016 <input checked="" type="checkbox"/> Delete	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 617, 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: 	Date _____ Daytime Phone # _____