

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004772

FILED  
Jun 18, 2009  
Secretary of State

Entity Name: VIVID VISIONS, INC.

## Current Principal Place of Business:

1227 HOUSTON AVE. N.  
LIVE OAK, FL 32064

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 882  
LIVE OAK, FL 32064 US

## New Mailing Address:

FEI Number: 59-3349775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

LYONS, JENNIE F  
1227 HOUSTON AVE. N.  
LIVE OAK, FL 32064 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PUTNEL, KELLY  
Address: PO BOX 1041  
City-St-Zip: LIVE OAK, FL 32064

Title: S ( ) Delete  
Name: BOISE, WENDY  
Address: 9633 125TH LN  
City-St-Zip: LIVE OAK, FL 32064

Title: P ( ) Delete  
Name: PAPARETRON, NANCY  
Address: 610 PINE AVE  
City-St-Zip: LIVE OAK, FL 320640864

Title: V ( ) Delete  
Name: RIGGINS, BILL  
Address: 6262 155TH DR  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: HENDERSON, TRACY  
Address: 725 SUWANNEE AVE SW  
City-St-Zip: LIVE OAK, FL 32064

Title: T ( ) Delete  
Name: PFENDER, ROBIN  
Address: 7629 129TH RD  
City-St-Zip: LIVE OAK, FL 32060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY AUL PAPAPETROU

P

06/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date