

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004772

FILED
Mar 02, 2011
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 (X)

Name and Address of Current Registered Agent:

WALKER, CONTINA
1227 HOUSTON AVE. N.
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

WHITE, KATHY
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: KATHY WHITE

03/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: SELLGREN, KATHY
Address: 5025 CR 795
City-St-Zip: LIVE OAK, FL 32060

Title: P
Name: BOISE, WENDY
Address: 9633 125TH LN
City-St-Zip: LIVE OAK, FL 32064

Title: VP
Name: RIGGINS, BILL
Address: 6262 155TH DR.
City-St-Zip: LIVE OAK, FL 32060

Title: T
Name: ESCO, CARROLL
Address: 10289 117TH CT
City-St-Zip: LIVE OAK, FL 32060

Title: D
Name: NICHOLSON, LINDA
Address: 1300 IRVIN AVE SW
City-St-Zip: LIVE OAK, FL 32064

Title: D
Name: EVANS, CAROLEA
Address: 9142 160TH TERRACE
City-St-Zip: LIVE OAK, FL 32060

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHY WHITE

ED

03/02/2011

Electronic Signature of Signing Officer or Director

Date