

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90011 014 ***150.00

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1. Entity Name
LIVA CORPORATION



Principal Place of Business
**120 CHARLOTTE STREET
SAINT AUGUSTINE, FL 32084**

Mailing Address
**120 CHARLOTTE STREET
SAINT AUGUSTINE, FL 32084**

40023300



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, CHARLES E JR.
77 ALMERIA ST.
ST. AUGUSTINE, FL 32085**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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 PD
NAME CUTTER, LEONARD O
STREET ADDRESS 120 CHARLOTTE STREET
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE VD
NAME CUTTER, MATTHEW J
STREET ADDRESS 120 CHARLOTTE STREET
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE SD
NAME CUTTER, SONYA D
STREET ADDRESS 120 CHARLOTTE STREET
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE TD
NAME CUTTER, MARK A
STREET ADDRESS 120 CHARLOTTE STREET
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Sonya Cutter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06
Date

9048290818
Daytime Phone #