

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P01000065740

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



03072008 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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

000000865906  
04/08/08-80007-014 150.00

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

379-08  
Date

(904) 829-0818  
Daytime Phone #