2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000100770

1. Entity Name
VIABLE SERVICES, INC.

FILED
Aug 01, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2241 LYNN STREET SARASOTA, FL 34231 US	2241 LYNN STREET SARASOTA, FL 34231 US

07282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1478527

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLUM, LAURA A
1800 2ND STREET
SUITE 745
SARASOTA, FL 34236

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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.

U00000956868
08/01/08-80003-010 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VIA, JAMES D
STREET ADDRESS	2241 LYNN STREET
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VP
NAME	VIA, JACOB D
STREET ADDRESS	2241 LYNN STREET
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James D. VIA 7/28/08 941 7805508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #