

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000145930

1. Entity Name
NUVIANCE, INC.



Principal Place of Business
6222 TOWER LANE B-4
SARASOTA, FL 34240

Mailing Address
6222 TOWER LANE, B-4
SARASOTA, FL 34240



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3787552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, JOHN L MR.
6222 TOWER LANE B-4
SARASOTA, FL 34240

**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
NAME
DVP
SAND, BRUCE M.D.
STREET ADDRESS
2955 E. HILLCREST DR., #121
CITY-ST-ZIP
WESTLAKE VILLAGE, CA 91362

TITLE
NAME
DVP
EDWARDS, JOHN
STREET ADDRESS
6222 TOWER LANE, B-4
CITY-ST-ZIP
SARASOTA, FL 34240

TITLE
NAME
P
FANJOY, MARK
STREET ADDRESS
2001 ROAD RUNNER AVE
CITY-ST-ZIP
THOUSAND OAKS, CA 91320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000884541
04/17/08-80048-004 150.00

**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:

John L. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Edwards 2/15/08

Date

941-378-9947
Daytime Phone #