

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90206 005 ***150.00

DOCUMENT # P05000059142

1. Entity Name

ATTIV, INC.



Principal Place of Business

10 SW 49TH AVE
SUITE 201
OCALA FL 34474
US

Mailing Address

10 SW 49TH AVE
SUITE 201
OCALA FL 34474
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0121332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

THOMAS, JULIE M
220 SE 54TH CT
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jm Thomas

Jm Thomas

4/30/06

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME THOMAS, ALEXANDER T IV
STREET ADDRESS 220 SE 54TH CT
CITY-ST-ZIP Ocala FL 34471

TITLE VP ☐ Delete
NAME THOMAS, JULIE M
STREET ADDRESS 220 SE 54TH CT
CITY-ST-ZIP Ocala FL 34471

TITLE TR ☐ Delete
NAME THOMAS, ALEXANDER T IV
STREET ADDRESS 220 SE 54TH CT
CITY-ST-ZIP Ocala FL 34471

TITLE SEC ☐ Delete
NAME THOMAS, JULIE T
STREET ADDRESS 220 SE 54TH CT
CITY-ST-ZIP Ocala FL 34471

TITLE D ☐ Delete
NAME Lori Mitchell
STREET ADDRESS 713 SE 5th Street Apt. A
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

A. Thomas IV

Alexander T. THOMAS IV

4/20/06

352-368-5997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #