

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90179 024 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000070443			
1. Entity Name VIVIENNE EVANS ARNP, INC.			
Principal Place of Business 18206 FOX TRACE COURT LUTZ, FL 33549 US		Mailing Address 18206 FOX TRACE COURT LUTZ, FL 33549 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
04272006 Cng-P		CR2E034 (11/05)	
4. FEI Number 20-2840582		Applied for Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Annual Fee Required	
6. Name and Address of Current Registered Agent EVANS, VIVIAN A 18206 FOX TRACE COURT LUTZ, FL 33549		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code	
8. The above named entity submits the 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 of person or persons authorized to register agent and file if applicable (if not, Registered Agent signature must be filed with report)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, VIVIAN A 18206 FOX TRACE COURT LUTZ, FL 33549 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 the 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 empowerments.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/6 Typed Name	