


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000048157	
1. Entity Name VIVIAN CORP.	

Principal Place of Business 4209 W. SANTIAGO ST. TAMPA, FL 33629	Mailing Address 4209 W. SANTIAGO ST. TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3516800	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YANKANICH, MICHAEL J 4209 W. SANTIAGO ST. TAMPA, FL 33629	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		<p>U000000375059 08/01/05-80002-015 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VIVIAN, JOHN R JR. 4209 W. SANTIAGO ST. TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD YANKANICH, MICHAEL J 4209 W. SANTIAGO ST. TAMPA, FL 33629	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Michael J. Yankanich</u> MICHAEL J. YANKANICH	7/26/05	813/244/9824
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>