

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000140278

**Entity Name:** VICTOR L. RIVARD, INC.

**Current Principal Place of Business:**

366 FOXTAIL AVE  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

366 FOXTAIL AVE  
MIDDLEBURG, FL 32068 US

**FEI Number:** 27-0074616

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVARD, VICTOR L  
366 FOXTAIL AVE  
MIDDLEBURG, FL 32068 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name RIVARD, VICTOR L  
Address 366 FOXTAIL AVE  
City-State-Zip: MIDDLEBURG FL 32068

Title ST  
Name SCHUMACHER, ROBIN  
Address 366 FOXTAIL AVE  
City-State-Zip: MIDDLEBURG FL 32068

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTOR L RIVARD JR

**PRESIDENT**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date