



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| DOCUMENT # 525923   |   |  |
| 1. Entity Name<br>VERO PRODUCERS, INC.                                  |   |   |
| Principal Place of Business<br>7355 SW 9TH STREET<br>VERO BCH, FL 32968 | Mailing Address<br>7355 SW 9TH STREET<br>VERO BCH, FL 32968 |   |

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1720357                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HAMNER, GEORGE F., JR.  
 7355 SW 9TH STREET  
 VERO BEACH, FL 32968

**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 \_\_\_\_\_ (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

U00000926132  
 05/20/08-80054-005 150.00

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAMNER, A.G.<br>650 S. A-1-A<br>VERO BEACH FL.                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CSD<br>HAMNER, GEORGE F.<br>650 S. A-1-A<br>VERO BEACH FL.          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>HAMNER, GEORGE F., JR.<br>995 SANDFLY LANE<br>VERO BEACH FL. |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GORDON, N. H.<br>670 HWY A1A<br>VERO BEACH, FL 32963           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**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:  4/25/08 (772) 322-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone