


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 03, 2005 08:00 AM**  
**Secretary of State**

|   |                     |                                 |   |   |   |
|---|---------------------|---------------------------------|---|---|---|
| <b>DOCUMENT # H84690</b>  |                     |                                 |   |  |   |
| 1. Entity Name<br><b>OREVERO CORPORATION</b>  |                     |                                 |   |   |   |
| Principal Place of Business<br>P.O. BOX 220<br>FINKSBURG MD 210-48US<br>US  |                     |                                 | Mailing Address<br>P.O. BOX 220<br>FINKSBURG MD 210-48US<br>US  |   |   |
| 2. Principal Place of Business  |                     |                                 | 3. Mailing Address  |   |   |
| Suite, Apt #, etc.  |                     |                                 | Suite, Apt #, etc.  |   |   |
| City & State  |                     |                                 | City & State  |   |   |
| Zip   |                     | Country                         | Zip   |   | Country   |
| 6. Name and Address of Current Registered Agent   |                     |                                 |   | 7. Name and Address of New Registered Agent                                       |   |
| <b>OFFUTT, HARRY C., III</b><br><b>3003 CARDINAL DRIVE</b><br><b>SUITE C</b><br><b>VERO BEACH FL 32963</b>  |                     |                                 |   | Name  |   |
|   |                     |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |   |
|   |                     |                                 |   | City  |   |
|   |                     |                                 |   | <b>FL</b>   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |                     |                                 |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                     |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |                     |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |   |
| TITLE   | DP                  | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | PERKINS, RUTH S.    |                                 | NAME  |   |   |
| STREET ADDRESS  | 1955 VALHALLA DRIVE |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | FINKSBURG MD 21048  |                                 | CITY-ST-ZIP   |   |   |
| TITLE   | DT                  | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | PERKINS, GEORGE W.  |                                 | NAME  |   |   |
| STREET ADDRESS  | 1955 VALHALLA DRIVE |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | FINKSBURG MD 21048  |                                 | CITY-ST-ZIP   |   |   |
| TITLE   | D                   | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SHERMAN, ROBERT     |                                 | NAME  |   |   |
| STREET ADDRESS  | 19 MELODY LN        |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | PELHAM NH 03076     |                                 | CITY-ST-ZIP   |   |   |
| TITLE   | D                   | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SHERMAN, BARBARA    |                                 | NAME  |   |   |
| STREET ADDRESS  | 19 MELODY LN        |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | PELHAM NH 03076     |                                 | CITY-ST-ZIP   |   |   |
| TITLE   | D                   | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SHARMAN, ROGAR      |                                 | NAME  |   |   |
| STREET ADDRESS  | 7 HEATHER DR        |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | NORTHPORT NY 11768  |                                 | CITY-ST-ZIP   |   |   |
| TITLE   | D                   | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SHERMAN, MELINDA    |                                 | NAME  |   |   |
| STREET ADDRESS  | 19 GRAND AVENUE     |                                 | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | NORTHPORT NY 11768  |                                 | CITY-ST-ZIP   |   |   |



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2593365** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** George W. Perkins **1/30/05** **410 848 0865**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #