## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 20, 2004 08:00 AM **Secretary of State** DOCUMENT # K88120 1. Entity Name VERRANDO ENGINEERING CO. INC. Principal Place of Business Mailing Address 1111 NE 25 AVENUE 1111 NE 25 AVENUE 401 OCALA, FL 34470 US OCALA, FL 34470 No Chg-P CR2E034 (10/03) 01152004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2956298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VERRANDO, MATTHEW R DO NOT WRITE 1111 NE 25 AVENUE ST 401 IN THIS SPACE OCALA, FL 34470 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME VERRANDO, MATTHEW R. STREET ADDRESS **8710 SE 17TH COURT** CITY-ST-ZIP OCALA, FL \_\_\_\_\_U000000007201 01/20/04-80012-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE

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 er like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**