


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90374 022 \*\*\*150.00

**DOCUMENT # V39670**

1. Entity Name  
**BEVERLY L. VESEL, P.A.**



Principal Place of Business      Mailing Address

100 WEST CYPRESS CREEK RD  
 STE ~~930~~ **965**  
 FT LAUDERDALE FL 33309  
 US

100 WEST CYPRESS CREEK RD  
 STE ~~930~~ **965**  
 FT LAUDERDALE FL 3309  
 US



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

**100 West Cypress Creek Rd.**      **100 West Cypress Creek Rd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**STE 965**      **STE 965**

City & State      City & State

**FT. LAUDERDALE, FL.**      **FT. LAUDERDALE, FL.**

Zip      Country      Zip      Country

**33309**      **BROWARD**      **33309**      **BROWARD.**

4. FEI Number      Applied For

**65-0334427**      Not Applicable

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

6. Name and Address of Current Registered Agent

**VESEL, BEVERLY L**  
**100 WEST CYPRESS CREEK RD**  
**STE 930**  
**FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name  
**VESEL, Beverly L.**

Street Address (P.O. Box Number is Not Acceptable)  
**100 West Cypress Creek Rd.**

**STE 965**

City      State      Zip Code

**FT. LAUDERDALE**      **FL**      **33309**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>VESEL, BEVERLY L</b>	
STREET ADDRESS	<b>100 W CYPRESS CREEK RD - STE <del>930</del> 965</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       4/12/05      (954) 771-6210

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