


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90193 030 ***158.75

DOCUMENT # P03000141533

1. Entity Name
WILLIAM VERDON, INC.



Principal Place of Business Mailing Address

5755 E IRLO BRONSON HWY 5755 E IRLO BRONSON HWY
 ST. CLOUD FL 34771 ST. CLOUD FL 34771
 US US

2. Principal Place of Business 3. Mailing Address

5755 E. IRLO BRONSON *5755 E IRLO BRONSON*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ST. CLOUD FLORIDA *ST. CLOUD FLORIDA*

Zip Country Zip Country

34771 USA *34771 USA*

4. FEI Number Applied For

90-0125170 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

VERDON, WILLIAM
5755 E IRLO BRONSON HWY
ST. CLOUD FL 34771

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VERDON, WILLIAM	
STREET ADDRESS	5755 E IRLO BRONSON HWY	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	VERDON, WILLIAM	
STREET ADDRESS	5755 E IRLO BRONSON HWY	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	VEDON, WILLIAM	
STREET ADDRESS	5575 E IRLO BRONSON HWY	
CITY-ST-ZIP	ST. CLOUD FL 34771	
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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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: *W Verdon* **21 APRIL 2004** *(407)892-0625*

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