2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000075945

1. Entity Name
VER PLOEG & LUMPKIN, P.A.

Principal Place of Business	Mailing Address
100 SE 2ND ST. SUITE 2150 MIAMI, FL 33131 US	100 SE 2ND ST. SUITE 2150 MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0615033
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VER PLOEG, BRENTON N ESQ.
100 SE 2ND ST.
SUITE 2150
MIAMI, FL 33131

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 _____ 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

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	VER PLOEG, BRENTON N
STREET ADDRESS	100 SE SECOND STREET, STE 2150
CITY-ST-ZIP	MIAMI, FL 331312154
TITLE	S
NAME	WILLIAMS, ANTHEA E
STREET ADDRESS	100 SE SECOND STREET, STE 2150
CITY-ST-ZIP	MIAMI, FL 331312154
TITLE	DV
NAME	LUMPKIN, R H
STREET ADDRESS	100 SE SECOND STREET, STE 2150
CITY-ST-ZIP	MIAMI, FL 331312154
TITLE	DAV
NAME	MARINO, STEPHEN A JR
STREET ADDRESS	100 SE SECOND STREET, STE 2150
CITY-ST-ZIP	MIAMI, FL 331312151
TITLE	DAV
NAME	PARSONS, EILEEN L
STREET ADDRESS	100 SE SECOND ST STE 2150
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DAV
NAME	MAZER, JASON S
STREET ADDRESS	100 SE SECOND ST STE 2150
CITY-ST-ZIP	MIAMI, FL 33131

U00000275224
03/24/05-80045-003 150.00

DO NOT WRITE IN THIS SPACE

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.

305577-3996

SIGNATURE: [signature] PRES & DIRECTOR March 10, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRENTON N. VER PLOEG