


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 440043</b> 1. Entity Name LIBRA OF VERO BEACH, INC.	
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Principal Place of Business BOX 4200 VERO BEACH, FL 32964-1200	Mailing Address BOX 4200 VERO BEACH, FL 32964-1200
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02232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1510844	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HOUDYSHELL, VANCE W. 897 INDIAN LN VERO BEACH, FL 32963
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**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 NAME STREET ADDRESS CITY-ST-ZIP	PT HOUDYSHELL, VANCE W 897 INDIAN LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOUDYSHELL, JAMES E 22 STARFISH DR VERO BEACH, FL 32560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/28/05-600009-013 150.00

**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.

SIGNATURE: VANCE W HOUDYSHELL 2-23-05 772 567 7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #