

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 492985

Entity Name
VER-ISLAND MAINTENANCE CORP.



Principal Place of Business
**3850 20TH ST - POB 521
STE 500
VERO BEACH, FL 32961 US**

Mailing Address
**3850 20TH ST - POB 521
STE 500
VERO BEACH, FL 32961 US**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1636624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILEY, BEN F III
3850 20TH ST - ST 500
POB 521
VERO BEACH, FL 32961**

**DO NOT WRITE
IN THIS SPACE**

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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000397737
01/30/06-80062-005 150.00

OFFICERS AND DIRECTORS

NAME	PDT
NAME	BAILEY B.F. 111
STREET ADDRESS	3850 20TH ST.
CITY-STATE-ZIP	VERO BEACH, FL 32960
NAME	D
NAME	BAILEY, JOAN M.
STREET ADDRESS	3765 FLAMINGO DR.
CITY-STATE-ZIP	VERO BEACH, FL 32963
NAME	S
NAME	ATKINSON, TANYA
STREET ADDRESS	3640 47TH AVENUE
CITY-STATE-ZIP	VERO BEACH, FL
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ben F. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

772 567 9665

Daytime Phone #