


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 695801 1. Entity Name L. & B. VERO, INC.	
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Principal Place of Business 127 QUEENSBERRY CRESCENT BIRMINGHA, AL 35223 US	Mailing Address 127 QUEENSBERRY CRESCENT BIRMINGHA, AL 35223 US
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0814919	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

EVANS, HUGH M JR
1688 W. HIBISCUS AVE
MELBOURNE, FL 32901

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000581876
01/11/07-80009-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JOHN 127 QUEENSBERRY CRESCENT BIRMINGHA, AL 35223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BONNIE SHAW 127 QUEENSBERRY CRESCENT BIRMINGHAM, AL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, WILLIAM C. JR. 127 QUEENSBERRY CRESCENT BIRMINGHAM, AL 35223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, EVANS 127 QUEENSBERRY CRESCENT BIRMINGHAM, AL 35223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, WILLIAM C SR. 127 QUEENSBERRY CRESCENT BIRMINGHAM, AL 35223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-07