

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90041 042 ***150.00

DOCUMENT # F02000005652

1. Entity Name

M.L.C. ENTERPRISE OF VERO, INC



Principal Place of Business

308 MIRACLE STRIP PKWY SW,
#36 C
FORT WALTON BEACH FL 32548

Mailing Address

CO/ LYONS AND CO.
71 ALPHA PARK DR.
HIGHLAND HTS. OH 44143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **34-1515016**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUTRONE, MARCUS L JR.
308 MIRACLE STRIP PKWY. SW, #36C
FT WALTON BEACH FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)
5345 FORESTBROOK DR

City
MILTON

FL Zip Code
32583

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPST ☐ Delete
NAME CUTRONE, MARCUS L JR.
STREET ADDRESS 308 MIRACLE STRIP PKWY SW, #36C
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☒ Change ☐ Addition
NAME 5345 FOREST BROOK DR
STREET ADDRESS MILTON FL 32583
CITY-ST-ZIP

TITLE VCPV ☐ Delete
NAME CUTRONE, MARCUS
STREET ADDRESS 1700 OCEAN DR. #204
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/05 850 496 1989