

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000002822

1. Entity Name
VERO ASSOCIATES, INC.



Principal Place of Business
**3260 S SHORE DRIVE
SUITE 63C
PUNTA GORDA, FL 33955**

Mailing Address
**3260 S SHORE DRIVE
SUITE 63C
PUNTA GORDA, FL 33955**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3297325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLOMB, LOUISE
3260 S SHORE DRIVE
SUITE 63C
PUNTA GORDA, FL 33955**

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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 reinstating)

DATE

**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	P
NAME	GOLOMB, LOUISE
STREET ADDRESS	3260 S SHORE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	S
NAME	GOLOMB, GERALD
STREET ADDRESS	3260 S SHORE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	T
NAME	ROTH, STEPHEN
STREET ADDRESS	33 TIER STREET
CITY-ST-ZIP	BRONX, NY 10464
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Louise Golomb* **Louise Golomb** 1/7/05 941-505-9593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #