

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90219 043 \*\*\*150.00

<b>DOCUMENT # P00000094914</b> 1. Entity Name <b>E. VERONICA ENTERPRISES, INC.</b>					
Principal Place of Business <b>7709 PEBBLE CREEK CIRCLE, #301 NAPLES, FL 34108</b>			Mailing Address <b>7709 PEBBLE CREEK CIRCLE, #301 NAPLES, FL 34108</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>285 Grande Way Ste 1201</b>		Suite, Apt. #, etc. <b>285 Grande Way, Suite 1201</b>			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>			
Zip <b>34110</b>		Country <b>USA</b>		Zip <b>34110</b>	
Country <b>USA</b>		4. FEI Number <b>65-1045811</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRIFFIN, ELIZABETH V 7709 PEBBLE CREEK CIRCLE, #301 NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name <b>(Same) Griffin, ELIZABETH V.</b> Street Address (P.O. Box Number is Not Acceptable) <b>285 Grande Way, Suite 1201</b> City <b>NAPLES</b> State <b>FL</b> Zip Code <b>34110</b>		
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 <u><i>Elizabeth V. Griffin</i></u> DATE <u>4-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, ELIZABETH V		NAME		
STREET ADDRESS	7709 PEBBLE CREEK CIRCLE, #301		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: <u><i>Elizabeth V. Griffin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-15-05</u> Daytime Phone # <u>239-594-1700</u>		