


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000083240	
1. Entity Name VERMILION ENTERPRISES, INC.	

Principal Place of Business 3802 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33614	Mailing Address 3802 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



01112005 No Chg P CR2E034 (10/03)

4. FCI Number 59-3754117	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 700 BRICKELL AVE STE 3000 MIAMI, FL 33131

**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 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 NAME STREET ADDRESS CITY - ST - ZIP	P STEINBRENNER, GEORGE M III 1 STEINBRENNER DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRUNO, ANTHONY 1 STEINBRENNER DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STALLINGS, NORMAN JR 1 STEINGRENNER DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/05/05-20018-019 150.00

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IN THIS SPACE**

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 lines empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

813-673-3130
Daytime Phone #