


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90162 037 ***150.00

DOCUMENT # P01000089382
 1. Entity Name
VERZOSA AND ASSOCIATES, INC.



Principal Place of Business Mailing Address
2205 KINGSWOOD LANE **2205 KINGSWOOD LANE**
BRANDON FL 33511 **BRANDON FL 33511**

04052764



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
15308 Vireoglen Ln. *15308 Vireoglen Ln.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Lithia, FL *Lithia, FL*

City & State City & State
33547-4813 *33547-4813*
 Zip Zip
 Country Country
U.S.A. *U.S.A.*

4. FEI Number Applied For
65-1143719 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VERZOSA, BENITO
2205 KINGSWOOD LANE
BRANDON FL 33511

7. Name and Address of New Registered Agent
 Name *VERZOSA, Benito*
 Street Address (P.O. Box Number is Not Acceptable)
15308 Vireoglen Ln.
 City *Lithia* **FL** Zip Code *33547-4813*

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 *Benito Verzosa* *[Signature]* DATE *05-03-04*
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VERZOSA, BENITO	
STREET ADDRESS	2205 KINGSWOOD LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERZOSA BENITO	
STREET ADDRESS	15308 VIREOGLLEN LANE	
CITY-ST-ZIP	LITHIA, FL 33547-4813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *[Signature]* *Benito Verzosa* DATE *05-03-04* DAYTIME PHONE # *(813) 363-0217*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #