


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000060024					
1. Entity Name VERNA TRADING POST, INC.					
Principal Place of Business 16053 MYAKKA RD SARASOTA FL 34240			Mailing Address 16053 MYAKKA RD SARASOTA FL 34240		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0611771	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUIISO, MARTIN 16053 MYAKKA RD SARASOTA FL 34240			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	1000000076550 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIISO, LOUIS		NAME	03/05/04-80007-003 150.00	
STREET ADDRESS	16053 MYAKKA RD		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34240		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIISO, LETA		NAME		
STREET ADDRESS	16053 MYAKKA RD		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34240		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIISO, MARTIN		NAME		
STREET ADDRESS	16053 MYAKKA RD		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34240		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIISO, BRENT		NAME		
STREET ADDRESS	16053 MYAKKA RD		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA FL 34240		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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Martin Louiso

3/3/04 941 322 1649