

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90032 001 ***150.00

DOCUMENT # P02000088637

1. Entity Name
VELENO INSTRUMENT COMPANY



Principal Place of Business
**11867-34TH STREET NORTH
ST. PETERSBURG, FL 33716**

Mailing Address
**P O BOX 55268
ST. PETERSBURG, FL 33716**

00000000



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0754213

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

VELENO, JOHN M
~~11867-34TH STREET NORTH~~ **520-72 AVE-N**
ST. PETERSBURG, FL 33716 33702

**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

John M. Veleno

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/05
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 PD
NAME VELENO, JOHN M
STREET ADDRESS P O BOX 55268
CITY-ST-ZIP SAINT PETERSBURG, FL 33732

TITLE VPD
NAME VELENO, CHRISTOPHER
STREET ADDRESS P O BOX 55268
CITY-ST-ZIP SAINT PETERSBURG, FL 33732

TITLE VPTD
NAME MARKS, MARCELLA M
STREET ADDRESS P O BOX 55268
CITY-ST-ZIP SAINT PETERSBURG, FL 33732

TITLE VPSD
NAME PEACOCK, CHRISTINE L
STREET ADDRESS P O BOX 55268
CITY-ST-ZIP SAINT PETERSBURG, FL 33732

TITLE VPD
NAME VELENO, CARLA V
STREET ADDRESS P O BOX 55268
CITY-ST-ZIP SAINT PETERSBURG, FL 33732

TITLE VPD
NAME RUSSELL, MICHELLE V
STREET ADDRESS P O BOX 55268
CITY-ST-ZIP SAINT PETERSBURG, FL 33732

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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 like empowered.

SIGNATURE:

John M. Veleno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 19, 2005 727-526-8105
Date Daytime Phone #