


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State


04-30-2008 90201 024 ***158.75

DOCUMENT # P02000100861	
1. Entity Name VERGINA, INC.	

Principal Place of Business % SHELDON W. STARMAN, CPA 4099 TAMiami TRAIL NORTH, FOURTH FLOOR NAPLES, FL 34103	Mailing Address 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address c/o David G Budd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5551 Ridgewood Dr., #501
City & State	City & State Naples, Florida
Zip	Country 34108 USA

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03112008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0469813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHELDON W. STARMAN 4099 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDD, DAVID G 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, #501 Naples, Florida 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David G Budd* **4-25-08** **239-514-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID G BUDD, DIRECTOR