

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000107140

1. Entity Name
VERO ISLAND PROPERTIES, INC.



Principal Place of Business
115 SANDPOINTE COURT
VERO BEACH, FL 32963

Mailing Address
115 SANDPOINTE COURT
VERO BEACH, FL 32963

2. Principal Place of Business

9891 U.S. Highway 1

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Zip

U.S.A.

Country

04152004

Chg-P

CR2E034 (10/03)

4. FEI Number

35-2184335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALVAN, MITCHELL B
115 SANDPOINTE COURT
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name Malvan, Mitchell B.

Street Address (P.O. Box Number is Not Acceptable)

9891 U.S. Highway 1

City Sebastian

FL

Zip Code 32950

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 *M. B. Malvan*

Mitchell B. Malvan

4/18/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MALVAN, MITCHELL
STREET ADDRESS 115 SANDPOINTE COURT
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ST ☐ Delete
NAME MALVAN, MITCHELL B
STREET ADDRESS 115 SANDPOINTE COURT
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *M. B. Malvan* Mitchell B. Malvan, Pres. 4/18/04 772-388-5250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #