

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000110466

1. Entity Name
VIR-JO, INC.



Principal Place of Business
**2661 AIRPORT RD S STE B-108
NAPLES, FL 34112**

Mailing Address
**2661 AIRPORT RD S STE B-108
NAPLES, FL 34112**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0494429

API
NOI

5. Certificate of Status Desired ☐ **\$8.75** Add'l
Fee Required

6. Name and Address of Current Registered Agent

**PINTER, MICHAEL R ESQ.
4328 CORPORATE SQUARE STE C
NAPLES, FL 34104**

**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 understand, the obligations of registered agent

SIGNATURE _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
REGO, MARTHA
2661 AIRPORT RD S B-108
NAPLES, FL 34112**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/24/07-80001-016 150.00

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IN THIS SPACE**

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARTHA REGO* **MARTHA REGO** 1/11/2007 239.732.5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #