

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016275

1. Entity Name
VERMITECHNOLOGY GROUP USA, INC.



FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90001 035 ***150.00

04074316



Principal Place of Business
2077 FIRST STREET
SUITE 206
FORT MYERS, FL 33901

Mailing Address
2077 FIRST STREET
SUITE 206
FORT MYERS, FL 33901

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
205 Ave K SE
Suite, Apt. #, etc.
City & State
Winter Haven FL
Zip
33880
Country
USA

09082004 Chg-P CR2E034 (10/03)

4. FEI Number
27-0017102
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAHER, STEPHEN M
2077 FIRST STREET
SUITE 206
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent
Name
Paul Peters
Street Address (P.O. Box Number is Not Acceptable)
205 Ave K SE
City
Winter Haven
FL
Zip
33880

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
9-10-04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, MICHAEL A 2077 FIRST STREET FORT MYERS, FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
9-10-04
Daytime Phone #
863-401-8866