

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000050630

1. Entity Name
AMDOR VERO BEACH, INC.



FILED
06 DEC 21 PM 4:32
TALLAHASSEE, FLORIDA

Principal Place of Business
136 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 US

Mailing Address
136 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 US



2. Principal Place of Business - No P.O. Box #
28000 Spanish Wells Blvd

3. Mailing Address
28000 Spanish Wells Blvd

12182006 Chg-P CR2E034 (12/06)

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country

4. FEI Number
20-0028247

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DORAN, JOHN
C/O WARD, DAMON & POSNER, P.A.
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name
James W. Amburn

Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Blvd

City
Bonita Springs

FL Zip Code
34135

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

[Signature]

Typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Amended AR is \$61.25

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	Delete
	AMBURN, JAMES	28000 SPANISH WELLS BLVD	BONITA SPRINGS, FL 34135	<input type="checkbox"/>
	DORAN, JOHN	136 THORNTON DRIVE	PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		500082709645	12/21/06--01036--016	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-06 239-992-4576