

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000135211

1. Entity Name

VAIRO & ASSOCIATES, INC.



FILED

Apr 07, 2008 08:00 AM
Secretary of State

Principal Place of Business

391 KENSINGTON ST
PORT CHARLOTTE FL 33954

Mailing Address

391 KENSINGTON ST
PORT CHARLOTTE FL 33954

2. Principal Place of Business - No P.C. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1115834

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOVERT, DON CPA
21942 EDGEWATER DR
PORT CHARLOTTE FL 33952

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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 or Printed Name of Registered Agent and Title (If applicable)

(NOTE: Registered Agent and Title require a typed or printed name)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME VAIRO, GERARD J SR
STREET ADDRESS 391 KENSINGTON ST
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000885677
04/18/08-80023-020 150.00

TITLE STD Delete
NAME VAIRO, GERARD J JR
STREET ADDRESS 23450 FREEPORT AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33948

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME VAIRO, LEONORA A
STREET ADDRESS 391 KENSINGTON ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME VAIRO, GLORIA
STREET ADDRESS 23450 FREEPORT AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33948

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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 exemptions contained in Section 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: *Leonora A. Vairo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 941-456-3516
Date
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