2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P04000037653

Entity Name: VERBATIM PROFESSIONAL REPORTERS, INC.

Current Principal Place of Business:

510 E DRUID RD STE C
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

510 E DRUID RD STE C
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 27-0083296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, ALICIA M
510 E DRUID RD STE C
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEREZ, ALICIA M
Address: 55 GREENHAVEN TRL
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: KOCH, CHARLENE M
Address: 880 MANDALAY AVE #210
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: DARRETTA, DAVID S
Address: 1612 CROSS VINE CT
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: EANNEL, CHARLENE M
Address: 692 BAYWAY BOULEVARD #401
City-St-Zip: CLEARWATER, FL 33767

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE M. EANNEL D 04/21/2005

Electronic Signature of Signing Officer or Director Date