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FILED

Apr 04, 2005 8:00 am
Secretary of State

03-03-2005 90176 010 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105057 1. Entity Name VERLO MANAGEMENT, INC.										
Principal Place of Business 10981 HARMONY PARK DR BONITA SPRINGS, FL 34135			Mailing Address 10981 HARMONY PARK DR BONITA SPRINGS, FL 34135			66008456 02052005 Chg-P CR2E034 (10/03) 4. FEI Number 20-1336998 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.							
City & State			City & State							
Zip		Country	Zip		Country					
6. Name and Address of Current Registered Agent BUCZKO, ROBERT J 428 PERSIAN CT MARCO ISLAND, FL 34145					7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____										
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BUCZKO, ROBERT 10981 HARMONY PARK DR BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BUCZKO, BRIAN J 10981 HARMONY PARK DR BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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"/> Change <input type="checkbox"/> Addition				
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 another like empowered.										
SIGNATURE:					2/28/05 239-949-2610 Date Daytime Phone #					