

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114126

FILED
Apr 11, 2005
Secretary of State

Entity Name: VERGE CAPITAL, INC.

Current Principal Place of Business:

212 N MISSOURI AVENUE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

212 N MISSOURI AVENUE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 20-1452657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. PIERRE, MELANIE
212 N MISSOURI AVENUE
CLEARWATER, FL 33755 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: P () Delete
Name: ST. PIERRE, MELANIE
Address: 212 N MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33755 US

Title: VP () Delete
Name: ST. PIERRE, JEFF
Address: 212 N MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: ST. PIERRE, MELANIE
Address: 212 N MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33755 US

Title: T () Delete
Name: ST. PIERRE, JEFF
Address: 212 N MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JEFF ST. PIERRE

VP

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date