

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90035 043 ***550.00

DOCUMENT # P04000116969

1. Entity Name
VT PALS, INC.



Principal Place of Business
240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA, FL 34236

Mailing Address
240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA, FL 34236

50066208



2. Principal Place of Business
3641 Jacinto Court

3. Mailing Address
3541 Jacinto Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292005

Chg-P

CR2E034 (10/03)

City & State
Sarasota, FL 34239

City & State
Sarasota, FL 34239

4. EEI Number

20-1487286

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, SCOTT E
240 S. PINEAPPLE AVENUE
10TH FLOOR
SARASOTA, FL 34236

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

James M. Palermo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PALERMO, JAMES M
STREET ADDRESS 21 GRANITE CREEK ROAD
CITY-ST-ZIP COLCHESTER, VT 05446

TITLE D ☐ Delete
NAME PALERMO, MELISSA S
STREET ADDRESS 21 GRANITE CREEK ROAD
CITY-ST-ZIP COLCHESTER, VT 05446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *James M. Palermo*
STREET ADDRESS *3641 Jacinto Court*
CITY-ST-ZIP *Sarasota, FL 34239*

TITLE ☒ Change ☐ Addition
NAME *Melissa S. Palermo*
STREET ADDRESS *3641 Jacinto Court*
CITY-ST-ZIP *Sarasota, FL 34239*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE:

James M. Palermo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/05
Date

941-957-1214
Daytime Phone #