## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000124515

Entity Name: VERITAS GP, INC.

FILED Feb 08, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

3898 TAMIAMI TRAIL N. 3301 BONITA BEACH ROAD

201 103

NAPLES, FL 34103 BONITA SPRINGS, FL 34134 US

**Current Mailing Address: New Mailing Address:** 

3301 BONITA BEACH ROAD 3898 TAMIAMI TRAIL N. 201

NAPLES, FL 34103 BONITA SPRINGS, FL 34134 US

FEI Number: 33-1099830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COXE, ALFRED J FALCONE, EDUARDO J 532 BROAD AVE. S. 23428 HAT PIN COURT

US BONITA SPRINGS, FL 34134 NAPLES, FL 34102 US

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: EDUARDO J. FALCONE 02/08/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

FALCONE, EDUARDO J PETROVIC, JOVICA Name: Name: 23428 HAT PIN COURT 9309 LENNEX LANE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 US City-St-Zip: FORT MYERS, FL 33919 US

Title: Title: () Delete

(X) Change ( ) Addition Name: COXE, ALFRED J Name: FALCONE, EDUARDO J

532 BROAD AVENUE SOUTH 23428 HAT PIN COURT Address: Address: NAPLES, FL 34102 US BONITA SPRINGS, FL 34134 US City-St-Zip: City-St-Zip:

Title: Title: VP. (X) Delete () Change () Addition

HANDA, BEN Name: Name: 274 CONNERS AVE Address: Address: City-St-Zip: NAPLES, FL 34108 US 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: EDUARDO J. FALCONE SEC 02/08/2005