

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

9/12/2006-90008-001-\$150.00-\$150.00

DOCUMENT # P05000039949

1. Entity Name
VELMONTE FINANCIAL GROUP, INC.



FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 25 AM 11:21

Principal Place of Business
2183 US HIGHWAY 27 NORTH
SEBRING, FL 33870

Mailing Address
2183 US HIGHWAY 27 NORTH
SEBRING, FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09052006

Chg-P

CR2E034 (11/05)

4. FEI Number

56-2513906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELMONTE, BENJAMIN V
2183 US HIGHWAY 27 NORTH
SEBRING, FL 33870

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 807.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VELMONTE, BENJAMIN V CPA
STREET ADDRESS 2183 US HIGHWAY 27 NORTH
CITY-STATE-ZIP SEBRING, FL 33870 ☐ Delete

TITLE VD
NAME VELMONTE, TERI S
STREET ADDRESS 2183 US HIGHWAY 27 NORTH
CITY-STATE-ZIP SEBRING, FL 33870 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-STATE-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/06 (863) 314-9330
Date Daytime Phone #