

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90082 038 ***150.00

DOCUMENT # P06000065654

1. Entity Name
VERO CONSTRUCTION SERVICES, INC.



Principal Place of Business
3425 W FOREST LAKES CIRCLE
SARASOTA, FL 34232

Mailing Address
3425 W FOREST LAKES CIRCLE
SARASOTA, FL 34232

60008687



2. Principal Place of Business - No P.O. Box #

1342 CENTRAL AVE

3. Mailing Address

4411 BEE RIDGE RD.

Suite, Apt. #, etc.

SARASOTA

Suite, Apt. #, etc.

SARASOTA, FLORIDA

City & State

FLORIDA

City & State

01242007

Chg-P

CR2E034 (12/06)

4. FEI Number

41-2205668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

SARASOTA

Zip

34233

Country

SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADEREWSKI, ALEXANDER G
1834 MAIN STREET
SARASOTA, FL 34236

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MENDEZ, LAWRENCE
STREET ADDRESS 2704 DATURA STREET
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D ☐ Delete
NAME TEPPER, MICHAEL
STREET ADDRESS 3425 W FOREST LAKES CIRCLE
CITY-ST-ZIP SARASOTA, FL 34232

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE A. MENDEZ

Date

Daytime Phone #

PRESIDENT

1/24/07 256-6558