

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90055 028 ***150.00

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1. Entity Name

VERETTE ENTERPRISES, INC



Principal Place of Business

764 EVELYNTON LOOP
THE VILLAGES, FL 32162

Mailing Address

764 EVELYNTON LOOP
THE VILLAGES, FL 32162

40005747



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5203668

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

THE MILLHORN LAW FIRM
13710 US HWY 441 SUITE 100
LADY LAKE, FL 32159

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 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 P ☐ Delete
NAME VERETTE, THOMAS J
STREET ADDRESS 764 EVELYNTON LOOP
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE VP ☐ Delete
NAME VERETTE, BONITA J
STREET ADDRESS 764 EVELYNTON LOOP
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE SEC ☐ Delete
NAME VERETTE, BONITA J
STREET ADDRESS 764 EVELYNTON LOOP
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE TREA ☐ Delete
NAME VERETTE, BONITA J
STREET ADDRESS 764 EVELYNTON LOOP
CITY-ST-ZIP THE VILLAGES, FL 32162

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

Date

Daytime Phone #

Thomas J. Verette Thomas J. VERETTE 1/22/07 2597234