

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038967

Entity Name: VER - FLINDS INC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

15 EAST KENEDY BLVD  
EATONVILLE, FL 32751 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2185  
EATONVILLE, FL 32751 US

## New Mailing Address:

FEI Number: 20-8796830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLOWERS, VALERIE R  
15 EAST KENEDY BLVD  
EATONVILLE, FL 32751 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VEREEN, ROSETTA G  
Address: 15 KENNEDY AVE  
City-St-Zip: EATONVILLE, FL 32751 US

Title: VP ( ) Delete  
Name: VEREEN, NATHANIEL JR.  
Address: 2414 HERBISON DR  
City-St-Zip: EATONVILLE, FL 32751 US

Title: T ( ) Delete  
Name: PARKER, ROSLYN V  
Address: 5147 LIGHHOUSE RD  
City-St-Zip: ORLANDO, FL 32808 US

Title: ST ( ) Delete  
Name: FLOWERS, VALERIE V  
Address: PO BOX 2424  
City-St-Zip: EATONVILLE, FL 32751 US

Title: VP ( ) Delete  
Name: BRYANT, GLORIE V  
Address: 7432 CITRUS AVE  
City-St-Zip: SACRAMENTO, CA 95823 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VALERIE R FLOWERS

P

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date