

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90071 035 ***150.00

DOCUMENT # P93000079975																										
1. Entity Name VERLO OF NAPLES, INC.																										
Principal Place of Business 10981 NARWAY PARK DR. #1 BONITA SPRINGS, FL 34135 US		Mailing Address 10981 NARWAY PARK DR. #1 BONITA SPRINGS, FL 34135 US																								
2. Principal Place of Business 10981 HARMONY PARK DR #1		3. Mailing Address 10981 HARMONY PARK DR #1																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State Bonita Springs FL		City & State Bonita Springs FL																								
Zip 34135		Zip 34135																								
Country		Country																								
4. FEI Number 65-0450029		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent BUCZKO, ROBERT J 428 PERSIAN CT MARCO ISLAND, FL 34145		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:		Date: 3-5-04 Daytime Phone #: 239-949-2610																								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										