

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025316

Entity Name: VELCO ASSOCIATES, INC.

FILED  
Mar 24, 2005  
Secretary of State

## Current Principal Place of Business:

8605 PALM RIVER ROAD  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

8605 PALM RIVER ROAD  
TAMPA, FL 33619

## New Mailing Address:

FEI Number: 59-3316017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VELAZQUEZ, ANTHONY E  
8605 PALM RIVER ROAD  
TAMPA, FL 33619 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: PD ( ) Delete  
Name: VELAZQUEZ, ANTHONY E.  
Address: 17750 OAK BRIDGE ST  
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete  
Name: VELAZQUEZ, ANTONIO  
Address: 912 W ADALEE STREET  
City-St-Zip: TAMPA, FL 33603

Title: STD ( ) Delete  
Name: VELAZQUEZ, DOLORES  
Address: 912 W. ADALEE ST.  
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete  
Name: HENRIQUEZ, JOANNA  
Address: 912 W. ADALEE ST  
City-St-Zip: TAMPA, FL 33603

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY VELAZQUEZ

PRES

03/24/2005

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

\_\_\_\_\_  
Date