

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025316

Entity Name: VELCO ASSOCIATES, INC.

FILED
Apr 06, 2009
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
Address: 8605 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619

Title: VPD () Delete
Name: HENRIQUEZ, JOANNA
Address: 18105 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: STD () Delete
Name: VELAZQUEZ, ANTHONY
Address: 8605 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619

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

Title: D () Delete
Name: VELAZQUEZ, DEANNA L
Address: 17750 OAK BRIDGE ST
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: VELAZQUEZ, MELANIE A
Address: 17750 OAK BRIDGE ST
City-St-Zip: TAMPA, FL 33647

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
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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: ANTHONY VELAZQUEZ

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date