


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90075 040 ***150.00

DOCUMENT # P96000006782					
1. Entity Name VEAR ESTATE CONSERVATION OPPORTUNITIES, INC.					
Principal Place of Business 236 EDGEEMERE WAY EAST NAPLES, FL 34105			Mailing Address 236 EDGEEMERE WAY EAST NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0649110	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS VEAR 236 EDGEEMERE WAY EAST NAPLES, FL 34105				Name <i>Jennifer Vear</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>236 Edgemere Way E</i>	
				City <i>Naples</i>	
				State FL	
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.				Zip Code <i>34105</i>	
SIGNATURE: <i>[Signature]</i>				DATE: <i>4/23/07</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEAR, DAVID L 236 EDGEEMERE WAY EAST NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEAR, JENNIFER M 236 Edgemere Way East NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VEAR, JENNIFER M 236 EDGEEMERE WAY EAST NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>				DATE: <i>4/23/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>239-262-4941</i>	