# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P96000061115 1. Entity Name VERO CLEAN, INC. Principal Place of Business Mailing Address 4575 N US 1 4575 N US 1 UNIT 1 NORTH UNIT 1 NORTH VERO BEACH, FL 32967 VERO BEACH, FL 32967 US

## **FILED** Jul 07, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0685943 Not Applicable

5. Certificate of Status Desired

07012004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

REINHART, JOANN 4575 N US 1 **UNIT 1 NORTH** VERO BEACH, FL 32967

### DO NOT WRITE IN THIS SPACE

No Chg-P

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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when refristaling)  DATE					
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Financ     Trust Fund Contribution.	eing .	\$5.00 May Be Added to Fees	U00000163824
10. OFFICERS AND DIRECTORS SIZE OF SIZ					######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINHARDT, JOANN 4575 N US 1, UNIT 1 NORTH VERO BEACH, FL 32967				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REINHART, CHRISTOPHER J 4575-NUSI, UNIT 1-NORTH VERO BEACH, FL 32967				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		!		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					