

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000071352**

1. Entity Name  
**VETTUS, INC.**



Principal Place of Business

**ROYAL FOODS  
11002 N 30TH ST  
TAMPA, FL 33512 US**

Mailing Address

**3801 CLIFFDALE DR.  
VALRICO, FL 33594 US**



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3398146**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**VETTUPARAPURATHU, CYRIAC MATHEW  
3801 CLIFFDALE DR  
VALRICO, FL 33594**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **VETTUPARAPURATHU, CYRIAC**  
STREET ADDRESS **3008 LITTLE ROAD**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **DS**  
NAME **VETTUPARAPURATHU, THOMAS**  
STREET ADDRESS **3801 CLIFFDALE ROAD**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000776031  
01/09/08-80007-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Thomas V*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-8-08*  
Date Daytime Phone #

813-220-7596