2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P98000016443 02-06-2006 90064 015 ***150.00 1. Entity Name VERO PROFESSIONAL PROPERTIES, INC. Principal Place of Business Mailing Address DUUTUUTA 800 8TH STREET 800 8TH STREET ATTN BILL MILLS ATTN BILL MILLS VERO BEACH, FL 32962 VERO BEACH, FL 32962 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0817195 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \square 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Charles Sullivan, Jr.</u> FRAZIER, JOAN F Street Address (P.O. Box Number is Not Acceptable) 800 8TH STREET 1601 20th Street ATTN BILL MILLS VERO BEACH, FL 32962 Zip Code City Véro Beach 32961 8. The above named entity submits this statement for the e 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 d name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete President & Director ☐ Change TITLE TITLE FRAZIER, JOAN F NAME NAME Tom Kelleher 3103 CARDINAL DRIVE STREET ADDRESS STREET ADDRESS 5208 NE 24th Terrace Ste F116 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32962 <u>Ft. Laurderdale, Fl. 33308</u> Secretary, Treasurer, &□ Change Director Delete TITLE TITLE Charles Sullivan, Jr. 1601 20th Street, Vero Beach, Fl 32961 NAME SULLIVAN, CHARLES A SR NAME STREET ADDRESS 360 9TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32962 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

es A Silliva Jr See- 1/3/106 272-56

FILED Feb 06, 2006 8:00 am