



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90189 040 \*\*\*150.00

<b>DOCUMENT # P98000073554</b> 1. Entity Name <b>VERSAILLES GROUP, INC.</b>					
Principal Place of Business <b>4100 CEWINTER POINT DRIVE</b> <b>106</b> <b>FORT MYERS, FL 33916 US</b>			Mailing Address <b>4100 CEWINTER POINT DRIVE</b> <b>106</b> <b>FORT MYERS, FL 33916 US</b>		
2. Principal Place of Business <i>6150 Diamond Center Ct</i> Suite, Apt. #, etc <i>Bldg 500A</i> City & State <i> Ft. Myers, FL</i> Zip <i>33912</i> Country <i>US</i>		3. Mailing Address <i>6150 Diamond Center Ct</i> Suite, Apt. #, etc <i>Bldg 500A</i> City & State <i> Ft. Myers, FL</i> Zip <i>33912</i> Country <i>US</i>			
4. FEI Number <b>59-3528591</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04192005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>TENARO, RONALD N</b> <b>5101 INAGUA WAY</b> <b>NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent Name <i>McCormack, RJ</i> Street Address (P.O. Box Number is Not Acceptable) <i>6150 Diamond Center Ct.</i> <i>Bldg 500A</i> City <i> Ft. Myers, FL 33912 FL</i> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <b>MCCORMACK, RICHARDO</b> <b>4100 CENTER POINT DRIVE 106</b> <b>FORT MYERS, FL 33916</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>McCormack, RJ</i> <i>6150 Diamond Center Ct.</i> <i>Bldg 500A</i> <i> Ft. Myers, FL 33912</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>TENARO, RONALD N</b> <b>4100 CENTER POINT DRIVE 106</b> <b>FORT MYERS, FL 33916</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	