

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000003940

1. Entity Name
VERO'S COMPLETE MAINTENANCE & LANDSCAPING,
INC.



Principal Place of Business
704 ACADIA ROAD
VENICE, FL 34293

Mailing Address
704 ACADIA ROAD
VENICE, FL 34293

FILED

05 MAY -2 PM 5: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0884390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VEROST, JOHN M
704 ACADIA ROAD
VENICE, FL 34293

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VEROST, JOHN M
STREET ADDRESS	704 ACADIA ROAD
CITY-ST-ZIP	VENICE, FL 34293

TITLE	STD
NAME	VEROST, LAURIE A
STREET ADDRESS	704 ACADIA ROAD
CITY-ST-ZIP	VENICE, FL 34293

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600054281436
05/11/05--01042--007 **150.00

**DO NOT WRITE
IN THIS SPACE**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/5