

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/5 **FILED**
Apr 26, 2007 8:00 am
Secretary of State

04-09-2007 90043 008 ***150.00

DOCUMENT # P99000003940 1. Entity Name VERO'S COMPLETE MAINTENANCE & LANDSCAPING, INC.	
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Principal Place of Business 704 ACADIA ROAD VENICE, FL 34293	Mailing Address 704 ACADIA ROAD VENICE, FL 34293
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DO NOT WRITE IN THIS SPACE



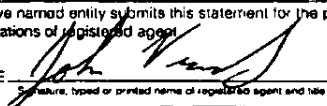
03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0884390	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$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  DATE **3/29/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

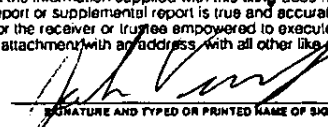
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

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

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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:  DATE **3/29/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR