

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90027 040 ***150.00

DOCUMENT # P99000093604 1. Entity Name VERONICA ESTATES, INC.						
Principal Place of Business 4836 DIVINE LANE COCOA, FL 32927			Mailing Address 4836 DIVINE LANE COCOA, FL 32927			
2. Principal Place of Business - No P.O. Box # 550 JACKSON AVE Suite, Apt. #, etc. #503		3. Mailing Address 550 JACKSON AVE Suite, Apt. #, etc. #503				
City & State CAPE CANAVERAL FL		City & State CAPE CANAVERAL FL		4. FEI Number 59-3617856		
Zip 32920		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LAWHON, VERONICA M 4836 DIVINE LANE COCOA, FL 32927				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 550 JACKSON AVE #503 City CAPE CANAVERAL FL Zip Code 32920		
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 <u><i>Veronica M Lawhon</i></u> Veronica M Lawhon <u>7/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWHON, VERONICA M 3425 GREENVILLE ST. COCOA, FL 32926		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	550 JACKSON AVE #503 CAPE CANAVERAL FL 32920	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Veronica M Lawhon</i></u> Veronica M. Lawhon <u>7/9/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

ATTACHMENT!

40110561
P99 000093604

July 9, 2008

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

I was in the hospital for 15 days with 2 surgery's the effects of the gas created short term memory loss. I moved prior to the hospital stay and realized that your department had the wrong address.

Please take my tardiness into consideration, it would be greatly appreciated.

Kind regards,



Veronica M. Lawhon
Veronica Estates, Inc.