

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90034 027 ***158.75

DOCUMENT # S68137

1. Entity Name
VERHOEVEN & ASSOCIATES LIMITED, INC.



Principal Place of Business
**18996 POINT DR
TEQUESTA, FL 33469 US**

Mailing Address
**18996 POINT DR
TEQUESTA, FL 33469 US**

40004518



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1067176

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VERHOEVEN, WILHELMUS A.
18996 POINT DR
TEQUESTA, FL 33469**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	VERHOEVEN, WILHELMUS A.
STREET ADDRESS	18996 POINT DR
CITY - ST - ZIP	TEQUESTA, FL 33469
TITLE	DVS
NAME	VERHOEVEN, MARGARET M.
STREET ADDRESS	18996 POINT DR
CITY - ST - ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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; changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Margaret M. Verhoeven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

541-743-2556
Debbie Phone #