ZUUD NUT-FOK-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 714291 FILED Apr 21, 2005 08:00 AM 1. Entity Name WAINWRIGHT POST NO. 2185 VETERANS OF FOREIGN **Secretary of State** WARS OF THE UNITED STATES, INC. Mailing Address Principal Place of Business 2136 SHERMAN AVE 2136 SHERMAN AVE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 CR2E037 (10/03) 01272005 No Chg-NP Applied For 4. FEI Number 59-0732976 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAISER, FREDERICK A. DO NOT WRITE 5108 MARLA DRIVE PANAMA CITY, FL 32404 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. TITLE P V00000321911 04/21/05-80096-012 61.25 NAME KAISER, FRED STREET ADDRESS 5108 MARLA DR. CITY-ST-ZIP PARKER, FL TITI F NAME WAGGONER, REX L STREET ADDRESS 2136 SHERMAN AVE. CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE NAME MAYNARD, J B STREET ADDRESS 2136 SHERMAN AVE DO NOT WRITE CITY ST-7IP PANAMA CITY, FL 32405 TITLE THIS SPACE NAME ORDNA, ANTONIO STREET ADDRESS 2136 SHERMAN AVE CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE STICKLEY, KENNETH STREET ADDRESS 2136 SHERMAN AVE CITY-ST-7IP PANAMA CITY, FL 32405 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 JAN 2005

1-850 769 629

Daytime Phone #