


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N02000009267 1. Entry Name FLORIDA VETERANS ASSISTANCE ASSOCIATION, INC.	
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Principal Place of Business 8310 N THATCHER AVE TAMPA, FL 33614	Mailing Address 8310 N THATCHER AVE TAMPA, FL 33614
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04262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4230250	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARKMAN, JOEL 212 LEXINGTON ST OLDSMAR, FL 34677-4330
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKMAN, JOLL 212 LEXINGTON ST. OLDSMAR, FL 346774330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, JOHN 8410 N. MITHELL ST. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKMAN, NIKKI 15 EAST PUSCH WILDERNESS DR. TUCSON, AZ 85737
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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05/13/06-80013-023 70.00

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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 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 empowerments.

SIGNATURE:  **4/28/06** **813 249 4910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #