

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2005  
Secretary of State**

DOCUMENT# N03000009303

Entity Name: BROTHERHOOD OF VETERANS, INC.

**Current Principal Place of Business:**

150 AURORA RD  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

150 AURORA RD  
VENICE, FL 34293

**New Mailing Address:**

FEI Number: 02-0711095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LANGLEY, JOHN  
Address: 2488 LEWIS RD  
City-St-Zip: VENICE, FL 342923037

Title: D ( ) Delete  
Name: LANGLEY, LINDA C  
Address: 2488 LEWIS RD  
City-St-Zip: VENICE, FL 342923037

Title: D ( ) Delete  
Name: HARWOOD, ROBERT L  
Address: 2488 LEWIS RD  
City-St-Zip: VENICE, FL 342923037

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: LANGLEY, JOHN  
Address: 150 AURORA RD  
City-St-Zip: VENICE, FL 34293

Title: D (X) Change ( ) Addition  
Name: LANGLEY, LINDA C  
Address: 150 AURORA RD  
City-St-Zip: VENICE, FL 34293

Title: D (X) Change ( ) Addition  
Name: OLSON, DAVID C  
Address: P.O. BOX 2801  
City-St-Zip: SO. PORTLAND, ME 04116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LANGLEY

PSTD

04/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date