2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# N93000000551

Entity Name: AMERICAN VETERANS POST OOO1, INC.

Current Principal Place of Business:

421 45TH AVE. SO.
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

421 45TH AVE. SO.
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-2899307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOKEY, JOHN G
6390 12TH ST S
ST PETERSBURG, FL 33705 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: D ( ) Delete
Name: SHOKEY, JOHN G
Address: 6391 12TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DC ( ) Delete
Name: HEINL, DAVE
Address: 3775 40TH LN S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: TD ( ) Delete
Name: FERRELL, BILL
Address: 3645 BEACH DRIVE, SOUTHEAST
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete
Name: DAVIS, GIL
Address: 3835 35TH WY S
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 SHOKEY CMDR 01/06/2007

Electronic Signature of Signing Officer or Director — Date