2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # P03000096000 04-06-2006 90029 046 ***150.00 1. Entity Name JOHN E. VEDDER, JR., INC. Principal Place of Business Mailing Address 117 NAUTICAL DRIVE 117 NAUTICAL DRIVE SOUTH DAYTONA FL 32119 **SOUTH DAYTONA FL 32119** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0301225 Not Applicable Country VOLUSIA Zio Zip \$8.75 Additional VóLUSIA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VEDDER, JOHN E JR Street Address (P.O. Box Number is Not Acceptable) 117 NAUTICAL DRIVE SOUTH DAYTONA FL 32119 Zip Code 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. 3-28-06 egistered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition VEDDER, JOHN E JR NAME NAME STREET ADDRESS 117 NAUTICAL DRIVE STREET ADDRESS CITY-ST-7IP SOUTH DAYTONA FL 32119 CITY-ST-ZIP TITLE P&D ☐ Delete ☐ Change TITLE Addition NAME VEDDER, LINDA S STREET ADDRESS 117 NAUTICAL DRIVE STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA FL 32119 CITY - ST- 7/P TITLE Delete TITLE Change Addition NAME VEDDER, MATTHEW K NAME STREET ADDRESS 117 NAUTICAL DR STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA FL 32119 CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 empo

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DHN E.VEODER, JR,

FILED