

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 124146

1. Entity Name
J.C. VEREEN & SONS, INC.



**FILED
Feb 15, 2008 8:00 am
Secretary of State**

02-15-2008 90010 038 ***150.00

40025937



01172008 Chg-P CR2E034 (12/06)

Principal Place of Business
250 MAGNOLIA AVE. SW
ATTN: TRUST DEPT.
WINTER HAVEN, FL 33880

Mailing Address
250 MAGNOLIA AVE. SW
ATTN: TRUST DEPT.
WINTER HAVEN, FL 33880

2. Principal Place of Business - No P.O. Box #
218 Royal Palm Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1611
Suite, Apt. #, etc.

City & State
Palm Beach FL

City & State
Winter Haven FL

Zip
33480

Country
USA

Zip
33882-1611

Country
USA

4. FEI Number
59-0493755

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CITRUS AND CHEMICAL BANK
ATTN: TRUST DEPT.
250 MAGNOLIA AVE. SW
WINTER HAVEN, FL 33880

Name
Cypress Trust Company

Street Address (P.O. Box Number is Not Acceptable)
218 Royal Palm Way

City
Palm Beach

FL Zip Code
33480

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.

Cypress Trust Company
Signature By: *Mary Louise Kalin VP*

(NOTE: Registered Agent signature required when reinstating)

2/4/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VEREEN, DENNIS 2 SOUTHSBORNE COURT GREENVILLE, SC 29607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOWDEN, WENDY 47 WEST WHITE OWL LANE CASHIERS, NC 28717	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGQUIST, KATHRYN L 682 95TH AVE. N NAPLES, FL 341082455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. C. Vereen & Sons, Inc.

2/16/08 5:56:22 - 3521