


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-15-2008 90010 038 \*\*\*150.00

<b>DOCUMENT # 124146</b> 1. Entity Name <b>J.C. VEREEN &amp; SONS, INC.</b>					
Principal Place of Business <b>250 MAGNOLIA AVE. SW ATNN: TRUST DEPT. WINTER HAVEN, FL 33880</b>			Mailing Address <b>250 MAGNOLIA AVE. SW ATNN: TRUST DEPT. WINTER HAVEN, FL 33880</b>		
2. Principal Place of Business - No P.O. Box # <b>218 Royal Palm Way</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 1611</b> Suite, Apt. #, etc.		
City & State <b>Palm Beach FL</b> Zip <b>33480</b>			City & State <b>Winter Haven FL</b> Zip <b>33882-1611</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>59-0493755</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CITRUS AND CHEMICAL BANK ATTN: TRUST DEPT. 250 MAGNOLIA AVE. SW WINTER HAVEN, FL 33880</b>			7. Name and Address of New Registered Agent Name <b>Cypress Trust Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>218 Royal Palm Way</b> City <b>Palm Beach</b> <b>FL</b> Zip Code <b>33480</b>		
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 <b>Cypress Trust Company</b> <b>By: Mary Louise Kalin VP</b> <span style="float: right;">2/4/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST VEREEN, DENNIS 2 SOUTHBOURNE COURT GREENVILLE, SC 29607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DOWDEN, WENDY 47 WEST WHITE OWL LANE CASHIERS, NC 28717</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BERGQUIST, KATHRYN L 682 95TH AVE. N NAPLES, FL 341082455</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Walter A. Thomas**

2/16/08 8:11:33 PM