
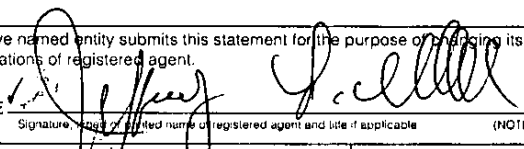
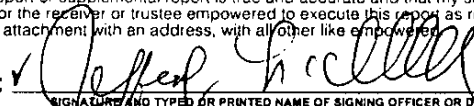


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90195 036 ***150.00

DOCUMENT # 179060					
1. Entity Name VELDE FORD, INC.					
Principal Place of Business 488 U.S. #1 VERO BEACH, FL 32962 US			Mailing Address 488 U.S. #1 VERO BEACH, FL 32962 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02192008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-0714995	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VELDE, JEFFREY 5841 BENT PINE DRIVE VERO BEACH, FL 32967			Name Jeffrey L. Velde		
			Street Address (P.O. Box Number is Not Acceptable) 5841 Bent Pine Drive		
			City Vero Beach		
			State FL		
Zip Code 32967					
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 			DATE 2/19/08		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDST	<input type="checkbox"/> Delete	TITLE	Velde, Jeffrey L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELDE, JEFFREY		NAME		
STREET ADDRESS	5841 BENT PINE DR.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	Van Wieren, Jane G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WIENEN, JANE		NAME		
STREET ADDRESS	105 NE NARANJA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Evans, Ralph Lee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RALPH L		NAME		
STREET ADDRESS	3355 OCEAN DRIVE		STREET ADDRESS	1420 Shorelands Drive West	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Velde, Patricia G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELDE, PATRICIA		NAME		
STREET ADDRESS	5841 BENT PINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowers.					
SIGNATURE: 			DATE 2/19/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40030100

