

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 179060

Entity Name: VELDE FORD, INC.

**FILED**  
**Oct 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

488 U.S. #1  
VERO BEACH, FL 32962 US

**New Principal Place of Business:**

**Current Mailing Address:**

488 U.S. #1  
VERO BEACH, FL 32962 US

**New Mailing Address:**

FEI Number: 59-0714995      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

VELDE, JEFFREY  
5841 BENT PINE DRIVE  
VERO BEACH,, FL 32967 US

**Name and Address of New Registered Agent:**

EVANS, RALPH L  
3355 OCEAN DRIVE  
VERO BEACH,, FL 32963 US

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: RALPH L. EVANS

10/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: VELDE, PATRICIA G  
Address: 5841 BENT PINE DR.  
City-St-Zip: VERO BEACH, FL 32967 US

Title: 2VP  
Name: VAN WIEREN, JANE G  
Address: 105 NE NARANJA AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: D  
Name: EVANS, RALPH L  
Address: 1420 SHORELANDS DR W  
City-St-Zip: VERO BEACH, FL 32963 US

Title: VP  
Name: VELDE, PATRICIA G  
Address: 5841 BENT PINE DRIVE  
City-St-Zip: VERO BEACH, FL 32967

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA G. VELDE

PVPD

10/19/2012

Electronic Signature of Signing Officer or Director

Date