

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90181 001 ***245.00

05-16-2008 90181 002 ***245.00

DOCUMENT # 727540

1. Entity Name

VETERANS HOLDING COMPANY OF SARASOTA, INC.



Principal Place of Business

2445 FRUITVILLE ROAD
SARASOTA FL 34237

Mailing Address

2445 FRUITVILLE ROAD
SARASOTA FL 34237

2. Principal Place of Business - No P.O. Box #

2445 FRUITVILLE RD

Suite, Apt. #, etc.

3. Mailing Address

2445 FRUITVILLE RD

Suite, Apt. #, etc.

N/A

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

23-7249423

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

DIXON, BOSTON
2901 NEW ENGLAND STREET
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME DIXON, BOSTON ☐ Delete
STREET ADDRESS 2901 NEW ENGLAND STREET
CITY-ST-ZIP SARASOTA FL 34231

TITLE S
NAME DIXON, IRENE ☐ Delete
STREET ADDRESS 2901 NEW ENGLAND STREET
CITY-ST-ZIP SARASOTA FL 34231

TITLE D
NAME MESKIN, PHILLIP ☐ Delete
STREET ADDRESS 1441 DR MLK JR ST SO.
CITY-ST-ZIP ST PETE FL 33705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP SAME

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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 lines empowered.

SIGNATURE:

Boston Dixon

4-25-08