

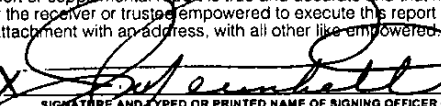


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90059 045 ****61.25

DOCUMENT # 744334 1. Entity Name PLACID POST NO. 25, INC.					
Principal Place of Business 1490 US HWY 27 NORTH LAKE PLACID, FL 33852-7952			Mailing Address 1490 US HWY 27 NORTH LAKE PLACID, FL 33852-7952		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02062008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1927219	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CARROLL, MACK 112 CONQUEST ST NW LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CARROLL, MACK 112 CONQUEST ST NW LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFO KAISER, RICHARD 262 LOQUAT RD NW LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFO HARRY JOHNSON P O BOX 5 LORIDA, FL 33857	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC SHORT, HOWARD P.O. BOX 1991 SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VC DONALD NEWTON 409 PLAZA AVE. LAKE PLACID, FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VC PLUNKETT, J.P. 141 LIME RD NE LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D3VC SCHAFER, PAUL 112 GOGWATER DR. LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VC LOUIS WERK 48 SILK OAK ST LAKE PLACID, FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 like empowered.					
SIGNATURE: X  2/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					