


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000000896	
1. Entity Name USS NEW JERSEY VETERANS, INC.	

Principal Place of Business 83 QUEENS WAY PORT ORANGE FL 32119 US	Mailing Address 83 QUEENS WAY PORT ORANGE FL 32119 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 16-1259166	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCDOWELL, RICHARD A 83 QUEENS WAY PORT ORANGE FL 32119
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESSER, RICHARD		NAME	
STREET ADDRESS 3930 MEISTER RD		STREET ADDRESS	
CITY-ST-ZIP LORAIN OH 44053		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEAVER, VICTOR		NAME	
STREET ADDRESS 7947 MEADOW DR		STREET ADDRESS	
CITY-ST-ZIP MECHANICSVILLE VA 23111		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS, FRED		NAME	
STREET ADDRESS 202 AUTUMN TRAIL		STREET ADDRESS	
CITY-ST-ZIP PORT ORANGE FL 32129		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDOWELL, RICHARD A		NAME	
STREET ADDRESS 83 QUEENS WAY		STREET ADDRESS	
CITY-ST-ZIP PORT ORANGE FL 32129		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, EDWARD		NAME	
STREET ADDRESS 2354 MOUNTAIN VIEW CT		STREET ADDRESS	
CITY-ST-ZIP FAIRFIELD CA 94533		CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRIME, MIKE		NAME	
STREET ADDRESS 703 SENECA STREET		STREET ADDRESS	
CITY-ST-ZIP FULTON NY 13069		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard A McDowell Treasurer* *2-20-04 386-756-1144*