

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90036 048 ***150.00

DOCUMENT # G05082 1. Entity Name VETERAN REAL ESTATE OF ORANGE COUNTY, INC.					
Principal Place of Business ONE N. FAIRFAX AVE. WINTER SPRINGS, FL 32708			Mailing Address ONE N. FAIRFAX AVE. WINTER SPRINGS, FL 32708		
2. Principal Place of Business 140 SAGEWOOD CT. Suite, Apt. #, etc.		3. Mailing Address 140 SAGEWOOD CT. Suite, Apt. #, etc.			
City & State APOPKA, FL Zip 32703		City & State APOPKA, FL Zip 32703		4. FEI Number 59-2647537 Applied For ☐ Not Applicable	
Country SEMINOLE		Country SEMINOLE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEYOT, E JOHN ONE N. FAIRFAX AVE. WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name E. JOHN DEYOT Street Address (P.O. Box Number is Not Acceptable) 140 SAGEWOOD CT. City APOPKA FL Zip Code 32703	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEYOT, E JOHN ONE N. FAIRFAX AVE. WINTER SPRINGS, FL 32708	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 140 SAGEWOOD CT. - APPOKA, FL 32703	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition			
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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 empowered.					
SIGNATURE <i>E. John Deyot</i> 423.06 407/788 2322 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					