
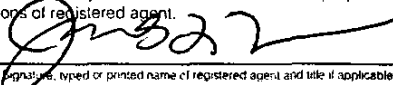
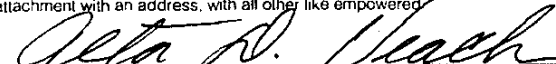


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90190 008 ***150.00

DOCUMENT # H75638 1. Entity Name B AND D VEACH, INC.					
Principal Place of Business B & D VEACH INC 3240 NE OLTMANNS ST ARCADIA, FL 34266 US			Mailing Address B & D VEACH INC 3240 NE OLTMANNS ST ARCADIA, FL 34266 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1359 Suite, Apt. #, etc.			
City & State		City & State ARCADIA, FL		4. FEI Number 59-2604836	
Zip 34266		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, FLETCHER 124 NORTH BREVARD ARCADIA, FL 34266				7. Name and Address of New Registered Agent Name JAMES L. TURNER Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE City SARASOTA FL Zip Code 34236	
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:  DATE: 4/6/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD VEACH, ALTA D. 3240 NE OLTMANNS ST ARCADIA, FL 34266	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMPTON, SARAH 3240 N.E. OLTMANNS RD. ARCADIA, FL 34266	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, MICHAEL P.O. BOX 1359 ARCADIA, FL 34265	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMES, ANDREW P.O. BOX 1359 ARCADIA, FL 34266	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREW T. AMES P.O. BOX 1359 ARCADIA, FL 34265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 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: 			3/28/05 803-494-1064 <small>Date Daytime Phone #</small>		