## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H96976

FILED Jan 31, 2005 Secretary of State

Entity Name: VETERAN REAL ESTATE OF LANTANA, INC. **Current Principal Place of Business: New Principal Place of Business:** 8315 BLUE CYPRESS DRIVE 2905 SOUTH CONGRESS AVENUE LAKE WORTH, FL 33467 DELRAY BEACH, FL 33445 **Current Mailing Address: New Mailing Address:** 8315 BLUE CYPRESS DRIVE 2905 SOUTH CONGRESS AVENUE LAKE WORTH, FL 33467 US DELRAY BEACH, FL 33445 FEI Number: 59-2589575 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHIFFER, ROSALEE 8315 BLUE CYPRESS DRIVE LAKE WORTH, FL 33467 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SCHUDDEKOPH, CARRIE SCHUDDEKOPH, CARRIE Name: Name: 3828 NOWATA RD 6130 SILVER OAK DRIVE Address: Address: City-St-Zip: LANTANA FL City-St-Zip: LAKE WORTH, FL 33467 Title: (X) Change ( ) Addition Title: () Delete Name: SCHUDDEKOPH, KEVIN Name: SCHUDDEKOPH, CARRIE 3828 NOWATA RD 6130 SILVER OAK DRIVE Address: Address: LANTANA, FL LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SCHIFFER, ROSALEE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Ρ SIGNATURE: ROSALEE SCHIFFER 01/31/2005

8315 BLUE CYPRESS ROAD

() Delete

LAKE WORTH, FL 33467

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

( ) Change (X) Addition

MERCER, DAVID W

5640 PRISCILLA LANE

LAKE WORTH, FL 33463