

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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

02-11-2005 90048 032 ****61.25




DOCUMENT # N00986
1. Entity Name
VIETNAM AND ALL VETERANS OF FLORIDA INC

Principal Place of Business Mailing Address
**4905 SECLUDED WAY
MERRITT ISLAND FL 32953
US** **4905 SECLUDED WAY
MERRITT ISLAND FL 32953
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


1st MOORE CR2E037 (10/04)
4. FEI Number Applied For
59-2748666 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**EARRUSSO, RALPH
4905 SECLUDED WAY
MERRITT ISLAND FL 32953**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARTLIDGE, TONY	
STREET ADDRESS	21 SHOELINE DR	
CITY-ST-ZIP	OCHOCKONEE FL 32346	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAKER, KEN	
STREET ADDRESS	1509 TATE ST	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LUSE, RW DOC	
STREET ADDRESS	3400 N. TANNER RD	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	DUNDON, JIM	
STREET ADDRESS	P.O. BOX 1184	
CITY-ST-ZIP	ORANGE PARK FL 32067	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EARRUSSO, JACQUE	
STREET ADDRESS	4905 SECLUDED WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don-Wassmer	
STREET ADDRESS	1226 Wing Road SW	
CITY-ST-ZIP	Palm Bay, FL 32908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jacque L. Earrusso* **Jacque L. EARRUSSO** *2/7/05* *321-453-7498*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #