


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

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90059 033 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000000003	
<b>1. Entity Name</b> VETERANS MEMORIAL RAILROAD, INC.	

<b>Principal Place of Business</b> <del>P.O. BOX 311</del> BRISTOL FL 32321-0911	<b>Mailing Address</b> <del>P.O. BOX 311</del> BRISTOL FL 32321-0911
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<b>2. Principal Place of Business</b> 14043 NW CR 12 Suite, Apt. #, etc.	<b>3. Mailing Address</b> 14043 NW CR 12 Suite, Apt. #, etc.
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<b>City &amp; State</b> Bristol, FL	<b>City &amp; State</b> Bristol FL
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<b>Zip</b> 32321	<b>Country</b>	<b>Zip</b> 32321	<b>Country</b>
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<b>4. FEI Number</b> 59-3685848	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  KEENAN, THOMAS A 2222 S HWY 12 BRISTOL FL 32321
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<b>7. Name and Address of New Registered Agent</b> <b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b> 14043 NW CR 12  <b>City</b> FL <b>Zip Code</b>
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**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** Thomas A. Keenan, Registered Agent **Jan 22, 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BARBER, GERALD		<b>NAME</b>	
<b>STREET ADDRESS</b> RT. 1, BOX 123-B		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BRISTOL FL 32321		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> V	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WEIDNER, IRVIN		<b>NAME</b>	
<b>STREET ADDRESS</b> RT 1 BOX 118KS		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BRISTOL FL 32321		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> ST	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> KEENAN, THOMAS		<b>NAME</b>	
<b>STREET ADDRESS</b> <del>P.O. BOX 311</del>		<b>STREET ADDRESS</b> 14043 NW CR 12	
<b>CITY-ST-ZIP</b> BRISTOL FL 32321-0311		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> STOVER, NORMAN		<b>NAME</b>	
<b>STREET ADDRESS</b> RT 1 BOX 235A		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BRISTOL FL 32321		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MORAN, BABS		<b>NAME</b>	
<b>STREET ADDRESS</b> RT 1 BOX 103		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BRISTOL FL 32321		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> KEENAN, GLORIA		<b>NAME</b>	
<b>STREET ADDRESS</b> <del>P.O. BOX 311</del>		<b>STREET ADDRESS</b> 14043 NW CR 12	
<b>CITY-ST-ZIP</b> BRISTOL FL 32321		<b>CITY-ST-ZIP</b>	

**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:** Thomas A. Keenan, Scty/Treas **1/22/2004** **850-643-5235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #