
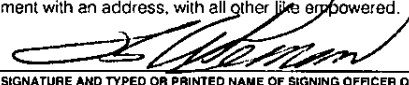


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90070 035 ****61.25

DOCUMENT # N01000000003 1. Entity Name VETERANS MEMORIAL RAILROAD, INC.					
Principal Place of Business 14043 NW CR 12 BRISTOL, FL 32321-0311			Mailing Address 14043 NW CR 12 BRISTOL, FL 32321-0311		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3685848	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEENAN, THOMAS A 14043 NW CR 12 BRISTOL, FL 32321				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBER, GERALD <input checked="" type="checkbox"/> Delete RT. 1, BOX 123-B BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Anthamatten <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9721 Moccasin Gap Rd Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEIDNER, IRVIN <input checked="" type="checkbox"/> Delete RT 1 BOX 118KS BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Becky Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18721 Old Blue Creek Road Hosford FL 32334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEENAN, THOMAS <input type="checkbox"/> Delete 14043 NW CR 12 BRISTOL, FL 323210311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVER, NORMAN <input checked="" type="checkbox"/> Delete RT 1 BOX 235A BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Moran <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10915 Spring Branch Road Bristol FL 32321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, BABS <input type="checkbox"/> Delete RT 1 BOX 103 BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10915 Spring Branch Rd	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENAN, GLORIA <input type="checkbox"/> Delete 14043 NW CR 12 BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Thomas A. Keenan			Date 1/27/5 850 643 5235		