
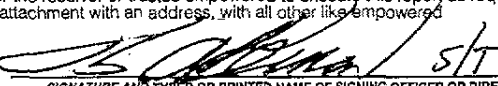


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KEENAN, THOMAS A 14043 NW CR 12 BRISTOL, FL 32321		DO NOT WRITE IN THIS SPACE
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANTHAMATTEN, JOHN 9721 MOCCASIN GAP RD TALLAHASSEE, FL 32309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, BECKY 18721 OLD BLUE CREEK ROAD HOSFORD, FL 32334	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KEENAN, THOMAS 14043 NW CR 12 BRISTOL, FL 323210311	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, JACK 18721 OLD BLUE CREEK ROAD BRISTOL, FL 32321	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, BABS 10915 SPRING BRANCH RD BRISTOL, FL 32321	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEENAN, GLORIA 14043 NW CR 12 BRISTOL, FL 32321	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  5/1		Date 1/6/6 850 643 5235
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3685848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/11/06-80014-012 61.25

**DO NOT WRITE
IN THIS SPACE**