

FILED
Feb 05, 2008 8:00 am
Secretary of State

01-10-2008 90010 014 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 _____ Signature, typed or printed name of registered agent and title if applicable (INDIC: Registered Agent signature required when renewing) DATE _____																																																		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																
10. OFFICERS AND DIRECTORS																																																		
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>ANTHAMATTEN, JOHN</td></tr><tr><td>STREET ADDRESS</td><td>9721 MOCCASIN GAP RD</td></tr><tr><td>CITY-ST-ZIP</td><td>TALLAHASSEE, FL 32309</td></tr><tr><td>TITLE</td><td>V</td></tr><tr><td>NAME</td><td>BROWN, BECKY</td></tr><tr><td>STREET ADDRESS</td><td>18721 OLD BLUE CREEK ROAD</td></tr><tr><td>CITY-ST-ZIP</td><td>HOSFORD, FL 32334</td></tr><tr><td>TITLE</td><td>ST</td></tr><tr><td>NAME</td><td>KEENAN, THOMAS</td></tr><tr><td>STREET ADDRESS</td><td>14043 NW CR 12</td></tr><tr><td>CITY-ST-ZIP</td><td>BRISTOL, FL 323210311</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MORAN, JACK</td></tr><tr><td>STREET ADDRESS</td><td>18721 OLD BLUE CREEK ROAD</td></tr><tr><td>CITY-ST-ZIP</td><td>BRISTOL, FL 32321</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MORAN, BABS</td></tr><tr><td>STREET ADDRESS</td><td>10915 SPRING BRANCH RD</td></tr><tr><td>CITY-ST-ZIP</td><td>BRISTOL, FL 32321</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>KEENAN, GLORIA</td></tr><tr><td>STREET ADDRESS</td><td>14043 NW CR 12</td></tr><tr><td>CITY-ST-ZIP</td><td>BRISTOL, FL 32321</td></tr></table>			TITLE	P	NAME	ANTHAMATTEN, JOHN	STREET ADDRESS	9721 MOCCASIN GAP RD	CITY-ST-ZIP	TALLAHASSEE, FL 32309	TITLE	V	NAME	BROWN, BECKY	STREET ADDRESS	18721 OLD BLUE CREEK ROAD	CITY-ST-ZIP	HOSFORD, FL 32334	TITLE	ST	NAME	KEENAN, THOMAS	STREET ADDRESS	14043 NW CR 12	CITY-ST-ZIP	BRISTOL, FL 323210311	TITLE	D	NAME	MORAN, JACK	STREET ADDRESS	18721 OLD BLUE CREEK ROAD	CITY-ST-ZIP	BRISTOL, FL 32321	TITLE	D	NAME	MORAN, BABS	STREET ADDRESS	10915 SPRING BRANCH RD	CITY-ST-ZIP	BRISTOL, FL 32321	TITLE	D	NAME	KEENAN, GLORIA	STREET ADDRESS	14043 NW CR 12	CITY-ST-ZIP	BRISTOL, FL 32321
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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: <u>Thomas A. Keenan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>1/07/2008</u> <u>850-643-5235</u> Date Daytime Phone #																																																