

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 18, 2004  
Secretary of State**

DOCUMENT# N02000000159

Entity Name: VETERANS FIRST CORP

**Current Principal Place of Business:**

2201 US HY 41  
62 A  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 185  
RUSKIN, FL 33570

**New Mailing Address:**

PO BOX 173025  
TAMPA, FL 33672 10

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANSEN, GARY D  
2201 US HY 41 #62  
RUSKIN, FL 33570

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      DIP                      ( ) Delete  
Name:                      HANSEN, GARY D  
Address:                      2201 US HY 41  
City-St-Zip:                      RUSKIN, FL 33570

Title:                      VPD                      ( ) Delete  
Name:                      SIRLES, WARREN  
Address:                      1422 SE HY 11C  
City-St-Zip:                      BRASHER FALLS, NY 13613

Title:                      VPST                      ( ) Delete  
Name:                      HANSEN, DEBRA  
Address:                      RR1  
City-St-Zip:                      WELLINGTON, TX 79095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. GARY D. HANSEN

DIP

03/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date