

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002156

FILED
Jun 28, 2006
Secretary of State

Entity Name: VET POWER OF AMERICA, INC.

Current Principal Place of Business:

PO BOX 1572
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:

PO BOX 1572
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 13-4243949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLEN, MICHAEL F COS
329 SE LEHIGH LANE
LAKE CITY, FL 32024 US

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: CMDR () Delete
Name: GRAHAM, THOMAS
Address: 9669 SW CR 240
City-St-Zip: LAKE CITY, FL 32024

Title: DCMD () Delete
Name: LAFASO, GARY
Address: 433 SW FINLEY LITTLE LANE
City-St-Zip: LAKE CITY, FL 32024

Title: DVCM () Delete
Name: LAFASO, RAY
Address: RT 15 BOX 3680
City-St-Zip: LAKE CITY, FL 32024

Title: COS () Delete
Name: ALLEN, MICHAEL
Address: 329 LEHIGH LANE
City-St-Zip: LAKE CITY, FL 32025

Title: JAG () Delete
Name: DOUGLAS, VERNON E
Address: COURTHOUSE WEST DUVAL ST
City-St-Zip: LAKE CITY, FL 32071

Title: LO () Delete
Name: CHADWICK, ARTHUR E
Address: 21880 GAZA PLACE
City-St-Zip: OBRIEN, FL 32071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADJ (X) Change () Addition
Name: GRAHAM, THOMAS
Address: 9669 SW CR 240
City-St-Zip: LAKE CITY, FL 32024

Title: CMDR (X) Change () Addition
Name: LAFASO, GARY
Address: 433 SW FINLEY LITTLE LANE
City-St-Zip: LAKE CITY, FL 32024

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

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 Chapter 119, 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: MICHAEL F. ALLEN

COS

06/28/2006

Electronic Signature of Signing Officer or Director

Date