## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002156

FILED Mar 04, 2010 Secretary of State

Entity Name: VET POWER OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business:

329 SE LEHIGH LANE LAKE CITY, FL 32025

Current Mailing Address: New Mailing Address:

329 SE LEHIGH LANE LAKE CITY, FL 32025

FEI Number: 13-4243949 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

ALLEN, MICHAEL F
329 SE LEHIGH LANE
LAKE CITY, FL 32025 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: 03/04/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CMDR

 Name:
 GRAHAM, THOMAS

 Address:
 9669 SW CR 240

 City-St-Zip:
 LAKE CITY, FL 32024

Title: DVC

 Name:
 O'CONNOR, KELLY SGT

 Address:
 659 SCRUB JAY DRIVE

 City-St-Zip:
 ST. AUGUSTINE, FL 32092

Title: ADJ.

Name: ALLEN, MICHAEL F Address: 329 SE LEHIGH LANE City-St-Zip: LAKE CITY, FL 32025

Title: SDVC

Name: GREGORY, ETRIS SGT. Address: 8506 W. PORT ROYALE LANE

City-St-Zip: PEORIA, AZ 85381

Title: JAG

Name: DOUGLAS, VERNON E JUDGE Address: 208 NW MARION AVE.

City-St-Zip: LAKE CITY, FL 32025

Title: LC

 Name:
 CHADWICK, ARTHUR E

 Address:
 21880 GAZA PLACE

 City-St-Zip:
 OBRIEN, FL 32071

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL F. ALLEN ADJ. 03/04/2010