


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90032 002 ****61.25

DOCUMENT # N04000002354	
1. Entity Name VETERANS OF FOREIGN WARS POST 1005 INC.	

Principal Place of Business 555 BALCOM TERRACE SE PALM BAY FL 32909	Mailing Address 555 BALCOM TERRACE SE PALM BAY FL 32909
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30064124



2. Principal Place of Business		3. Mailing Address 6165 BABCOCK ST SE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 142	
City & State		City & State PALM BAY FL	
Zip	Country	Zip	Country
32909	USA	32909	USA

2nd MOORE CR2E037 (5/05)

4. FEI Number 59-3484825		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZUZIO, JOSEPH 555 BALCOM TERRACE SE PALM BAY FL 32909		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZUZIO, JOSEPH 555 BALCOM TERRACE SE PALM BAY FL 32909 VD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WRIGHT, CLIFFORD 594 COTTONWOOD RD SEBASTIAN FL 32958 TD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRETTWELL, LARRY 1717 PARBORRO ST NW PALM BAY FL 32907 SD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRUNENWALD, CHARLES 295 SAUNDERS RD SE PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Joseph Zuzio** **8/23/05** **30064124**