


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

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000006646</b> 1. Entity Name <b>SALUTING OUR MILITARY AND VETERANS, INC.</b>	
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Principal Place of Business <b>1819 NEVADA AVE. NE ST. PETERSBURG, FL 33703</b>	Mailing Address <b>1819 NEVADA AVE. NE ST. PETERSBURG, FL 33703</b>
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01182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3024864</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WELCH, RICHARD 1819 NEVADA AVE. NE ST. PETERSBURG, FL 33703</b>
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**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:  **President** 1/18/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

**000000795653  
01/28/08-80056-012 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WELCH, RICHARD 1819 NEVADA AVE. NE ST. PETERSBURG, FL 33703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HAGLEY, JOANNE 11601 4TH ST NORTH APT 815 SAINT PETERSBURG, FL 33716</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:  **President** 1/18/08 727 319 7547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #