

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006646

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** SALUTING OUR MILITARY AND VETERANS, INC.

**Current Principal Place of Business:**

1819 NEVADA AVE. NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

5314 12TH AVE S  
GULFPORT, FL 33707

**Current Mailing Address:**

1819 NEVADA AVE. NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

5314 12TH AVE S  
GULFPORT, FL 33707

FEI Number: 20-3024864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WELCH, RICHARD  
1819 NEVADA AVE. NE  
ST. PETERSBURG, FL 33703 US

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

ORTIZ, JAMIAN  
5314 12TH AVE S  
GULFPORT, FL 33707 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: JAMIAN ORTIZ

02/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WELCH, RICHARD  
Address: 1819 NEVADA AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: T ( ) Delete  
Name: HAGLEY, JOANNE  
Address: 11601 4TH ST NORTH APT 815  
City-St-Zip: SAINT PETERSBURG, FL 33716

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

Title: PRES (X) Change ( ) Addition  
Name: ORTIZ, JAMIAN  
Address: 5314 12 AVE S  
City-St-Zip: GULFPORT, FL 33707

Title: TREA (X) Change ( ) Addition  
Name: HAGLEY, JOANNE  
Address: 1413 59TH ST. S  
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify 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: JAMIAN ORTIZ

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date