

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004596

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF SERVICE DISABLED VETERAN OWNED BUSINESS INC.

**Current Principal Place of Business:**

524 FERNWOOD DRIVE  
ALTAMONTE SPRINGS, FL 327016336 US

**New Principal Place of Business:**

**Current Mailing Address:**

524 FERNWOOD DRIVE  
ALTAMONTE SPRINGS, FL 327016336 US

**New Mailing Address:**

**FEI Number:** 32-0341071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REPSTIEN, ROGER A  
524 FERNWOOD DRIVE  
ALTAMONTE SPRINGS, FL 327016336 US

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

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: CEO  
Name: REPSTIEN, ROGER A  
Address: 524 FERNWOOD DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 327016336 US

Title: CFO  
Name: LOME, DAVID C  
Address: 524 FERNWOOD DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 327016336 US

Title: COO  
Name: ROSENBERG, MICHAEL J  
Address: 524 FERNWOOD DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 327016336 US

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: ROGER A. REPSTIEN

CEO

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date