

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30593

FILED
Apr 10, 2008
Secretary of State

Entity Name: FLEET RESERVIST, INC.

Current Principal Place of Business:

AMVETS POST 292
955 DOG TRACK ROAD
PENSACOLA, FL 325014549 US

New Principal Place of Business:

Current Mailing Address:

FLEET RESERVIST, INC.
107 RUBERIA AVENUE
PENSACOLA, FL 325072458 US

New Mailing Address:

FEI Number: 59-0563603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILGORE, MARK A
107 RUBERIA AVENUE
PENSACOLA, FL 325072458 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: CD () Delete
Name: HALL, ROBERT F JR
Address: 6425 MYRTLE HILL CIRCLE
City-St-Zip: PENSACOLA, FL 325065708

Title: DS () Delete
Name: KILGORE, MARK A
Address: 107 RUBERIA AVENUE
City-St-Zip: PENSACOLA, FL 325072457

Title: D () Delete
Name: SETTELL, DONALD D
Address: 6944 KELVIN TERRACE
City-St-Zip: PENSACOLA, FL 325037352

Title: T () Delete
Name: KRAUSS, DONALD J
Address: 316 ARABIAN DRIVE
City-St-Zip: PENSACOLA, FL 325065674

Title: D () Delete
Name: SYKES, JOSEPH E
Address: 12581 PROSPERO DRIVE
City-St-Zip: PENSACOLA, FL 325069622

Title: D () Delete
Name: PHILLIPS, WALTER S
Address: 2436 SWEET HEART LANE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK A. KILGORE

DS

04/10/2008

Electronic Signature of Signing Officer or Director

Date