


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90008 036 ****70.00

DOCUMENT # N50359	
1. Entity Name VARGA-VILET AMERICAN VETERANS POST 793, INC.	

Principal Place of Business P.O. BOX 1654 LAKE PANASOFFKEE FL 33538	Mailing Address P.O. BOX 1654 LAKE PANASOFFKEE FL 33538
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2. Principal Place of Business - No P.O. Box # W 10084	3. Mailing Address P.O. Box 1654
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State 470 + C.R. 439	City & State LAKE PANASOFFKEE
Zip 33538	Country SUMTER
Country FL	Country FL

4. FEI Number 59-3068339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, GARFIELD 892 CR 481 W LAKE PANASOFFKEE FL 33538	
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 *Garfield Jones* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, GARFIELD		NAME JONES, GARFIELD	
STREET ADDRESS 892 CR 481 W		STREET ADDRESS 892 CR 481 W	
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538		CITY-ST-ZIP LAKE PANASOFFKEE FL 33538	
TITLE 1VP	<input type="checkbox"/> Delete	TITLE 1VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, MAY R		NAME HOWARD, MAY R	
STREET ADDRESS 1576 W CR 476		STREET ADDRESS 1576 W CR 476	
CITY-ST-ZIP BUSHNELL FL 33513		CITY-ST-ZIP BUSHNELL FL 33513	
TITLE 2VP	<input type="checkbox"/> Delete	TITLE 2VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLBURN, WILLIAM		NAME POLBURN, WILLIAM	
STREET ADDRESS 2877 CR 422		STREET ADDRESS 2877 CR 422	
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538		CITY-ST-ZIP LAKE PANASOFFKEE FL 33538	
TITLE SD	<input type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILET, EVELYN F		NAME VILET, EVELYN F	
STREET ADDRESS 1101 CR 457-POB 576		STREET ADDRESS 1101 CR 457-POB 576	
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538		CITY-ST-ZIP LAKE PANASOFFKEE FL 33538	
TITLE TD	<input type="checkbox"/> Delete	TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILET, EVELYN		NAME VILET, EVELYN	
STREET ADDRESS 1101 CR 457-PO BOX 576		STREET ADDRESS 1101 CR 457-PO BOX 576	
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538		CITY-ST-ZIP LAKE PANASOFFKEE FL 33538	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Garfield Jones* **GARFIELD JONES COMMANDER 2-15-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #