

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90024 023 ****70.00

DOCUMENT # N93000000551
 1. Entity Name
AMERICAN VETERANS POST 0001, INC.



Principal Place of Business Mailing Address
421 45TH AVE. SO. **421 45TH AVE. SO.**
ST PETERSBURG FL 33705 **ST PETERSBURG FL 33705**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2899307 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHOKEY, JOHN G
6390 12TH ST S
ST PETERSBURG FL 33705

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOKEY, JOHN G 6391 12TH STREET SOUTH SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORGAN, RAY 4835 COBIA DRIVE SOUTHEAST APT A ST PETERSBURG FL 33705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERRELL, BILL 3645 BEACH DRIVE, SOUTHEAST SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JOHN 3436 MANATEE DRIVE, SOUTHEAST SAINT PETERSBURG FL 33705	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVE HEINL 3775 40TH LA.S. ST PETERSBURG FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIL DAVIS 3835 35TH WAY S #119 ST PETERSBURG FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John G. Shokey* **JOHN G. SHOKEY** 1/28/06 896-4122 727