

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

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1. Entity Name

AMERICAN VETERANS POST 0001, INC.



Principal Place of Business

Mailing Address

421 45TH AVE. SO.
ST PETERSBURG FL 33705

421 45TH AVE. SO.
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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2899307

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOKEY, JOHN G
6390 12TH ST S
ST PETERSBURG FL 33705

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DC
MORGAN, RAY
4835 COBIA DRIVE SOUTHEAST APT A
ST PETERSBURG FL 33705 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
FERRELL, BILL
3645 BEACH DRIVE, SOUTHEAST
SAINT PETERSBURG FL 33705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BELL, JOHN
3436 MANATEE DRIVE, SOUTHEAST
SAINT PETERSBURG FL 33705 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DAVE HEINL
3775 40TH LA.S.
ST PETERSBURG FL 33711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D GIL DAVIS
3835 35TH WAY S #117
ST PETERSBURG FL 33711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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