


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90001 046 ****61.25

DOCUMENT # N94000004764	
1. Entity Name OCEANWAY POST NO. 11406 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business 17 PONCE BLVD N JACKSONVILLE, FL 32218 US	Mailing Address P. O. BOX 28084 JACKSONVILLE, FL 32226-8084 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3240613		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOLLOWAY, WILLIAM E 10201 W BEAVER ST., LOT 88 JACKSONVILLE, FL 32220-2177		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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIDGES, JAMES B JR			NAME			
STREET ADDRESS	3652 NEW BERLIN RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32226			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOHLER, PHILLIP S			NAME			
STREET ADDRESS	10816 HAWAII DR S			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIKER, JAMES H			NAME			
STREET ADDRESS	11342 MCALLISTER BLVD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, WILLIAM E			NAME			
STREET ADDRESS	1020 W. BEAVER ST, LOT 88			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322202177			CITY-ST-ZIP			
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			
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 exemption stated in Section 119.07(3)(i), 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: William E. Holloway (WILLIAM E. HOLLOWAY) 5/24/05 (904) 759-0687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #