
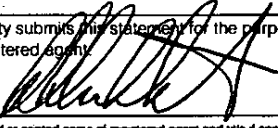
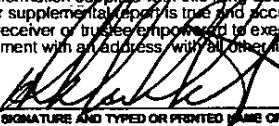


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90026 042 \*\*\*\*61.25

<b>DOCUMENT # N95000004043</b> 1. Entity Name <b>COUNTY VETERANS SERVICE OFFICERS ASSOCIATION OF FLORIDA, INC.</b>					
Principal Place of Business <b>3301 E. TAMiami TRAIL BLDG H. RM 212 NAPLES, FL 34112</b>			Mailing Address <b>3301 E. TAMiami TRAIL BLDG H. RM 212 NAPLES, FL 34112</b>		
2. Principal Place of Business <b>2072 Victoria Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 398</b> Suite, Apt. #, etc.			
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>		4. FEI Number <b>31-1584156</b>	
Zip <b>33901</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KRALEY, PETER P 3301 E. TAMiami TRAIL BLDG. H RM. 212 NAPLES, FL 34112</b>			7. Name and Address of New Registered Agent Name <b>David L. Lockhart</b> Street Address (P.O. Box Number is Not Acceptable) <b>2072 Victoria Avenue</b> City <b>Fort Myers, FL</b> Zip Code <b>33901</b>		
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 			<b>David L. Lockhart, Treasurer</b>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRIEM, DONALD</b> <b>P.O. BOX 7800 NVA</b> <b>TAVARES, FL 32778</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ronald L. Tesnow</b> <b>1840 25th St. Vero, FL 32960</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RONALD, TESNOW</b> <b>1840 25TH STREET</b> <b>VERO BEACH, FL 32960</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John Haddox</b> <b>2401 SE Monterey Rd Stuart, FL 34996</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OD</b> <b>MCGUFFIE, GLENN A</b> <b>2725 JUDGE FRAN DOMISSION WAY</b> <b>VIERA, FL 32940</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Richard Marguith</b> <b>P.O. Box 2418 LaBelle, FL 33975</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KRALEY, PETER</b> <b>3301 TAMiami TRAIL</b> <b>NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>David L. Lockhart</b> <b>P.O. Box 398 Fort Myers, FL 44902</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Immediate Past President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Donald W. Priem</b> <b>123 W Indiana Ave Deland, FL 32720</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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 Chapter 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: 			<b>David L. Lockhart, Treasurer</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #