


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 25 PM 3:34

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| DOCUMENT # N96000000882 | | | |  | |
| 1. Entity Name REGULAR AMERICAN VETERANS INC. NATIONAL HEADQUARTERS | | | | | |
| Principal Place of Business 4640 COASTAL HWY CRAWFORDVILLE, FL 32327 US | | | Mailing Address 4640 COASTAL HWY CRAWFORDVILLE, FL 32327 US | | |
| 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 59-3280603 | |
| 5. Certificate of Status Desired | | | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HEARON, JOHN F 4640 COASTAL HWY CRAWFORDVILLE, FL 32327 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DNC HEARON, JOHN F 4640 COASTAL HWY CRAWFORDVILLE, FL 32327 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DNC YELTON, RICHARD 1742 DEER NOBLE ONTARIO CA. 91762 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DNV ARRINGTON, WALTER 3528 LONDON LANE FORT WORTH, TX 76118 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100037731721 06/08/04--01005--016 **70.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENGBERG, JOHN B 1309 HARRISON LANE AUSTIN, TX 78742 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, JERRY 9883 WOODVILLE HWY TALLAHASSEE, FL 32311 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ADAMS, VESTER RT 5 BOX 1065 HWY 63 TALLAHASSEE, FL 32311 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T YELTON, RICHARD 272 E. MONTEREY POMONA, CA 91766 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PHILLIP VELLA 1309 HARRISON LANE AUSTIN TX 78742 | |
| 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: <i>John Hearon</i> <i>Exec. Dir.</i> <i>5-25-04</i> <i>1-880 9265519</i> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |