

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002903**

**1. Entity Name**  
**USAF COMSEC VETERANS GROUP, INC.**



**Principal Place of Business**  
**2692 WALNUT DRIVE**  
**PALM HARBOR, FL 34683**

**Mailing Address**  
**2692 WALNUT DRIVE**  
**PALM HARBOR, FL 34683**



01072004 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**74-2905883**

**Applied For**  
**Not Applicable**

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LEMONS, ANTHONY P**  
**2692 WALNUT DRIVE**  
**PALM HARBOR, FL 34683**

**DO NOT WRITE  
IN THIS SPACE**

**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 telephonic.)

**DATE**

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**MUCKENFUSS, ARCHIE**  
**111 EAST CAROLINA AVE**  
**SUMMERVILLE, SC 29483**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**SD**  
**LEMONS, ANTHONY**  
**2692 WALNUT DR.**  
**PALM HARBOR, FL 34683**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VPD**  
**MUCKENFUSS, ARCHIE**  
**111 EAST CAROLINA AVE.**  
**SUMMERVILLE, SC 29483**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TD**  
**SANDERS, JACK**  
**207 POSITIVE LANE**  
**LAKE PARK, GA 31636**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VPD**  
**ROSKAM, JOCA JR**  
**1150 WEST MARSHALL**  
**FERNDAL, MI 48220**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

1100000003209  
01/21/04-80001-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Anthony P. Lemons* **ANTHONY P. LEMONS**

Date

**1/15/04**

Daytime Phone #

**727-736-1993**