


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 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 |
|---|---|



01052006 No Chg-NP CR2E037 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 74-2905883 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

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

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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, 2006

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 | VD SMITH, HAROLD 11517 WISCONSIN AVE N CHAMPLIN, MN 55316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LEMONS, ANTHONY 2692 WALNUT DR. PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SANDERS, JACK 207 POSITIVE LANE LAKE PARK, GA 31636 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROSKAM, JOCA JR 1150 WEST MARSHALL FERNDAL, MI 48220 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

UDD000412601
 02/10/06-80053-015 61.25

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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 its 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: Anthony P Lemons **ANTHONY P LEMONS** 1-26-2006 727-736-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #