

# 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)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-2905883**

Applied For  
Not Applicable

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

5. 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 reappointing)

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

U00000412601  
02/10/06-80053-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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**

**1-26-2006**

**727-736-1993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone