

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000153835 1. Entity Name VEACH & CO. INC.	
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Principal Place of Business PO BOX 26 LAKE WORTH, FL 33460	Mailing Address PO BOX 26 LAKE WORTH, FL 33460
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03292005 No Chg-P CR2ED34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2141792	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

2. Name and Address of Current Registered Agent

**VEACH, L. COLEMAN
509 S PALM WAY
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

I, 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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

3. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VEACH, L. COLEMAN 509 S PALM WAY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VEACH, JOAN M 509 S PALM WAY LAKE WORTH, FL 33460
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04/01/05-80044-015 158.75

**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 118.07(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 607, 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: L. Coleman Veach L. Coleman Veach 3-29-05 561-714-7327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #