

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000117673

1. Entity Name
SL VEDA, INC.



Principal Place of Business
1412 ALBERNI STREET
PALM BAY, FL 32907

Mailing Address
1412 ALBERNI STREET
PALM BAY, FL 32907

FILED

07 SEP 18 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102007 No Chg-P CR2E034 (11/05)

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4. FEI Number
43-2059421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLISON, LINDA A
1038 ASHLEY AVENUE
INDIAN HARBOUR BEACH, FL 32937

**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

Linda A. Allison

9-11-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

*Did not receive renewal
post card. medical illness*

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REID, STEVEN P
STREET ADDRESS	1412 ALBERNI STREET
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	ALLISON, LINDA A
STREET ADDRESS	1038 ASHLEY AVENUE
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000109550370
09/18/07--01015--010 **150.00

**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 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:

Linda A. Allison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-07

Date

(321) 637-5447

Daytime Phone #