

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000133954**

1. Entity Name  
**VETERANS DISABILITY LAW CENTER CORP.**



Principal Place of Business

**915 N NOVA RD.  
HOLLY HILL, FL 32117**

Mailing Address

**P.O. BOX 2630  
DAYTONA BEACH, FL 32115**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4268350**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PONTON, CAROL  
915 N NOVA  
HOLLY HILL, FL 32117**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PONTON, CAROL
STREET ADDRESS	915 N NOVA RD
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	VP
NAME	HILL, BRIAN
STREET ADDRESS	915 N NOVA RD
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	SEC
NAME	HILL, BRIAN
STREET ADDRESS	915 N NOVA RD
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	TREA
NAME	PONTON, CAROL
STREET ADDRESS	915 N NOVA RD
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/07-80024-010 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/07