


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90034 028 ***150.00

| | |
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| DOCUMENT # P05000133954 |  |
| 1. Entity Name VETERANS DISABILITY LAW CENTER CORP. | |

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| Principal Place of Business 915 N NOVA RD. HOLLY HILL, FL 32117 | Mailing Address P.O. BOX 2630 DAYTONA BEACH, FL 32115 |
|---|---|

40043831



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|---|---------------------|
| 2. Principal Place of Business - No P.O. Box # 444 SEABREEZE BLVD | 3. Mailing Address |
| Suite, Apt. #, etc. SUITE 235 | Suite, Apt. #, etc. |
| City & State DAYTONA BEACH, FL | City & State |
| Zip 32118 | Country |

02112008 Chg-P CR2E034 (12/06)

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|------------------------------------|--|
| 4. FEI Number 20-4268350 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PONTON, CAROL 915 N NOVA RD HOLLY HILL, FL 32117 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD, SUITE 235 City DAYTONA BEACH FL Zip Code 32118 |
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. PONTON, CAROL <input type="checkbox"/> Delete 915 N NOVA RD HOLLY HILL, FL 32117 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 444 SEABREEZE BLVD, SUITE 235 DAYTONA BEACH, FL 32118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HILL, BRIAN <input type="checkbox"/> Delete 915 N NOVA RD HOLLY HILL, FL 32117 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition // // |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC HILL, BRIAN <input type="checkbox"/> Delete 915 N NOVA RD HOLLY HILL, FL 32117 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition // // |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA PONTON, CAROL <input type="checkbox"/> Delete 915 N NOVA RD HOLLY HILL, FL 32117 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition // // |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 #

[Signature] **Brian D. Hill** 2/15/08 386 257-2100