2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P08000012433

Entity Name: VETERAN CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

10001 16TH ST N
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10001 16TH ST N
SAINT PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 26-1883091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, KNAUF AND HAIR, P.A.
840 SAND PINE DR. NE
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

WALLACE, ABIGAIL L
5117 5TH WAY N
SAINT PETERSBURG, FL 33703 US

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.

SIGNATURE: ABIGAIL WALLACE 03/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CONNOLLY, TIMOTHY L
Address: 10001 16TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: C (X) Delete
Name: STANTON, JOHNATHAN M
Address: 10001 16TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: T (X) Delete
Name: VONHOF, JOHN W
Address: 10001 16TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CONNOLLY, TIMOTHY L
Address: 10001 16TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY CONNOLLY P 03/10/2009
Electronic Signature of Signing Officer or Director Date