2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P35266



## **FILED** Apr 30, 2004 8:00 am Secretary of State

1. Entity Name					04-30-2004 90365 029 ***158.75
VERIDIEN CORPORATION					<b>7</b>
Principal Place 2875 MCI D SUITE B PINELLAS F US	RIVE.		Mailing Address 2875 MCI DRIVE. SUITE B PINELLAS PARK FL 33782 US		
2. Principal Place of Business			3. Mailing Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State			City & State		4. FEI Number 59-3020382 Applied For Not Applicable
Zip		Country	Zip .	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current			Registered Agent		7. Name and Address of New Registered Agent .
			- The second of	Name	
GAREAU, RENE A 2875 MCI DRIVE. SUITE B				Street Addres	ss (P.O. Box Number is Not Acceptable)
PINELLAS PARK FL 33782			•		
·				City	FL Zip Code
the obligated in the ob	Signature, typed	or printed name of registered agent II: FEE IS \$150.00 04 Fee will be \$550.00 1 Florida Department of	and title if applicable. (NOTE:	Registered Agent signature requ	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	loc .	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	1	RENE A DRIVE, SUITE B PARK FL 22782	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	PAUL DRIVE. SUITE B PARK FL 33782	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		FRED DRIVE, SUITE B PARK FL 33782	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2875 MCI I	SHELDON C DRIVE. SUITE B PARK FL 33782	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2875 MCI 1	OT, RUSSELL DRIVE. SUITE B PARK FL 33782	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

Sheldon C. Fenton -CFX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR