

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90132 014 \*\*\*150.00

DOCUMENT # P93000057665

1. Entity Name

CARL P. VELIE, SRA, INC.



Principal Place of Business

800 SOUTH NOVA RD.  
SUITE P  
ORMOND BEACH FL 32174

Mailing Address

800 SOUTH NOVA RD.  
SUITE P  
ORMOND BEACH FL 32174



2. Principal Place of Business

1659 N. Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite 3

City & State

Daytona Beach, Florida

Zip

32117

Country

Volusia

3. Mailing Address

1659 N. Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite 3

City & State

Daytona Beach, Florida

Zip

32117

Country

Volusia

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3201783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VELIE, CARL P  
800 S. NOVA RD.  
SUITE P  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Carl P. Velie

Street Address (P.O. Box Number is Not Acceptable)

1659 N. Clyde Morris Blvd, Suite 3

City

Daytona Beach

FL

Zip Code

32117

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 Carl P. Velie

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

(NOTE: Registered Agent Signature required when reinstating)

3/22/2005

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME VELIE, CARL P  
STREET ADDRESS 800 S. NOVA RD., SUITE P  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Velie, Carl P.  
STREET ADDRESS 1659 N. Clyde Morris Blvd, Suite 3  
CITY-ST-ZIP Daytona Beach, Florida 32117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: Carl P. Velie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2005

Date

(386) 274-4280

Daytime Phone #