


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90043 002 ***150.00

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|---|---|--|---|---|---|
| DOCUMENT # P97000101920 1. Entity Name VEBA BENEFIT ADMINISTRATORS, INC. | | | |  | |
| Principal Place of Business 5052 N. TAMiami TRIal NAPLES, FL 34103 | | | Mailing Address 5052 N. TAMiami TRIal NAPLES, FL 34103 | | |
| 2. Principal Place of Business 3920 VIA DEL REY Suite, Apt. #, etc. #4 | | 3. Mailing Address 3920 VIA DEL REY Suite, Apt. #, etc. #4 | | | |
| City & State BONITA SPRINGS FL | | City & State BONITA SPRINGS FL | | 4. FEI Number 59-3478787 | |
| Zip 34134 Country USA | | Zip 34134 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEAVERS, DOUGLAS J 5052 N. TAMiami TRIal NAPLES, FL 34103 | | | | 7. Name and Address of New Registered Agent Name CHERYL L. DEAVERS Street Address (P.O. Box Number is Not Acceptable) 3920 VIA DEL REY #4 City BONITA SPRINGS FL Zip Code 34134 | |
| 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 <u><i>Cheryl L. Deavers</i></u> CHERYL L. DEAVERS <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DEAVERS, DOUGLAS J 1823 PRINCESS CR NAPLES, FL 34110 | <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"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | | | |
| SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>4/19/04</u> <small>Date</small> | | <u>239 947 2443</u> <small>Daytime Phone #</small> |