, 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3033617 Applicable For 59-3033617 Internal Properties of Section 1 Status Desired Status	DOCUMENT # S06721 1. Entity Name VEERMAN & ASSOCIATES, INC. Principal Place of Business 1241 GOLDEN LANE ORLANDO, FL 32804 US Mailing Address PO BOX 540026 ORLANDO, FL 32854 US				Secretary of State		
S. The above named only 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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICIENS AND DIRECTORS 10. OFFICIENS AND DIRECTORS TITLE NAME SINET MORRESS CITY-SI-JP TITLE NAME MAKE SINET MORRESS CITY-SI-JP TITLE NAME MAKE MAKE MAKE MAKE MAKE MAKE MAKE M	D			CE	4. FEI Number Applied For 59-3033617 Not Applied For Service to Status Desired Service		
SIGNATURE Signature typed or privide name of registered agent and the Baptificable (NOTE Represent Agent signature required when resistancy). PILE NOW/III FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 110. OFFIC	1241 GOLDEN LANE						
10. OFFICERS AND DIRECTORS TITLE MARE VEERMAN, RALPH D STREET ADDRESS 1241 GOLDEN LANE ORLANDO, FL 32804 TITLE MARE STREET ADDRESS GRIFF TADDRESS G	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PD VEERMAN, RALPH D 1241 GOLDEN LANE	TORS			Unn000271515 03/21/05-80051-012 150.00	
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with this fill	ing does not qualify for the exer	mption stated in Se	ection 119.07(3)	(i), Florida Statutes. I further certify that the information	