

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59818

FILED
Apr 05, 2004
Secretary of State

Entity Name: VEARD COMPUTER RESEARCH, INC.

Current Principal Place of Business:

440 OAKLAND AVE.
INDIALANTIC, FL 32903

New Principal Place of Business:

213 HARBOUR DR W
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

440 OAKLAND AVE.
INDIALANTIC, FL 32903

New Mailing Address:

PO BOX 121414
WEST MELBOURNE, FL 32912

FEI Number: 74-2506117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VE ARD, CHENE L
440 OAKLAND AVE.
INDIALANTIC, FL 32903

Name and Address of New Registered Agent:

VE ARD, CHERIE L
213 HARBOUR DR W
INDIAN HARBOUR BEACH, FL 32937

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: CHERIE L. VE ARD

04/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VEARD, TIMOTHY A.,
Address: 2240 LAKES OF MELBOURNE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: DTS () Delete
Name: VEARD, LYNDIA R.,
Address: 2240 LAKES OF MELBOURNE DR
City-St-Zip: MELBOURNE, FL 32904

Title: P () Delete
Name: VE ARD, CHERIE
Address: 440 OAKLAND AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP () Delete
Name: MEEHLE, TIMOTHY R
Address: 440 OAKLAND AVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: VE ARD, CHERIE
Address: 213 HARBOUR DR W
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: VP (X) Change () Addition
Name: MEEHLE, TIMOTHY R
Address: 7741 LADY FRANCIS WAY
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHERIE L. VE ARD

P

04/05/2004

Electronic Signature of Signing Officer or Director

Date