

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59818

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: VEARD COMPUTER RESEARCH, INC.

**Current Principal Place of Business:**

213 HARBOUR DR W  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121414  
WEST MELBOURNE, FL 32912

**New Mailing Address:**

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, CHERIE L  
213 HARBOUR DR W  
INDIAN HARBOUR BEACH, FL 32937      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: 213 HARBOUR DR W  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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

**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 L  
Address: 213 HARBOUR DR W  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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

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

04/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date