

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K66710 1. Entity Name ROBERT L. VALENTINE, P.A.	
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Principal Place of Business 2000 E. EDGEWOOD DR., STE 108A P. O. BOX 2538 LAKELAND, FL 33803	Mailing Address 2000 E. EDGEWOOD DR., STE 108A P. O. BOX 2538 LAKELAND, FL 33803
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2912516	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALENTINE, ROBERT L. 2000 E EDGEWOOD DR STE 108A LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

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.

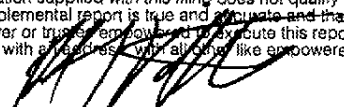
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, ROBERT L. 2000 E. EDGEWOOD DR., STE. 108A LAKELAND, FL 33808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000137835 04/29/04-80055-016 150.00 DO NOT WRITE IN THIS SPACE

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 a true and correct copy of the same, if I am not an officer or director.

SIGNATURE:  **4/23/04** **363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6654191**
Date Daytime Phone #