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.

Principal Place of Business	Mailing Address
2000 E. EDGEWOOD DR., STE 108A P. O. BOX 2538 LAKELAND, FL 33803	2000 E. EDGEWOOD DR., STE 108A P. O. BOX 2538 LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VALENTINE, ROBERT L.
STREET ADDRESS	2000 E. EDGEWOOD DR., STE. 108A
CITY-ST-ZIP	LAKELAND, FL 33806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/29/04-80055-016 150.00

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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: _____ 4/23/04 863 6654191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #