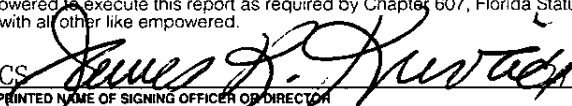


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90004 003 ***150.00

DOCUMENT # V44258 1. Entity Name VALLE PINES LAND CORP.					
Principal Place of Business 1831 N BELCHER RD STE G-3 CLEARWATER FL 33765 US			Mailing Address 1831 N BELCHER RD STE G-3 CLEARWATER FL 33765 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3134941			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMMOND, JAMES M. 1831 N BELCHER RD A-1 CLEARWATER FL 33765			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
CITY-ST-ZIP	☐ Delete		CITY-ST-ZIP	☐ Change ☐ Addition	
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: JAMES K. KRIVACS 			2/23/2004 727/791-7556 Daytime Phone #		