


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 394742**

1. Entity Name  
 PEACE VALLEY ENTERPRISES, INC.



Principal Place of Business  
 2905 CENTRAL AVE  
 P O BOX 84  
 ALTURAS, FL 33820

Mailing Address  
 2905 CENTRAL AVE  
 P O BOX 84  
 ALTURAS, FL 33820

**DO NOT WRITE IN THIS SPACE**



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-1426213

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YOUNG, LELAND K  
 2010 CENTRAL AVENUE  
 ALTURAS, FL 33820

**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: *Wanda Young STD*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000001429  
 04/03/08-80008-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, LELAND K 2905 CENTRAL AVE ALTURAS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNG, WANDA 2905 CENTRAL AVE ALTURAS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, D SCOTT 5069 SWEETLEAF CT. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Wanda Young - Wanda Young STD* 3-14-08 863-537-1309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #