

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 623845

1. Entity Name
VALLEY MORTGAGE AND INVESTMENT CORPORATION



Principal Place of Business

**2654 VALLEY AVENUE
SUITE D
WINCHESTER, VA 22601**

Mailing Address

**2654 VALLEY AVENUE
SUITE D
WINCHESTER, VA 22601**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0790729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOLDEN, MIMI M
102 TALL PINE LANE #2108
NAPLES, FL 33433**

**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

Mimi M. Molden

MIMI M. MOLDEN

1-6-04

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000031362
02/04/04-80147-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOLDEN, MIMI M
STREET ADDRESS	2654 VALLEY AVE, STE D
CITY-ST-ZIP	WINCHESTER, VA 22601
TITLE	T
NAME	MOLDEN, ED L
STREET ADDRESS	609 CEDAR CREEK GRADE SUITE A
CITY-ST-ZIP	WINCHESTER, VA 22601
TITLE	S
NAME	FANNING, JENNIFER D
STREET ADDRESS	2654 VALLEY AVE, STE D
CITY-ST-ZIP	WINCHESTER, VA 22601
TITLE	VP
NAME	MOLDEN, ED L
STREET ADDRESS	609 CEDAR CREEK GRADE, STE A
CITY-ST-ZIP	WINCHESTER, VA 22601
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 exemption stated in Section 119.07(3)(l), 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:

Jennifer D. Fanning

JENNIFER D. FANNING

1-6-04

542-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #