

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004002	
1. Entity Name THE VALLEON GROUP, INC.	

Principal Place of Business 328 WEST JEFFERSON STREET BROOKSVILLE, FL 34601	Mailing Address 328 WEST JEFFERSON STREET BROOKSVILLE, FL 34601
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1019065	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUCHANAN, PAUL 6208 SPRING LAKE HIGHWAY BROOKSVILLE, FL 34601
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

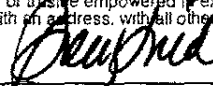
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNIDER, DOUG 135 CANYON OAKS ARGYLE, TX 76226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCHANAN, PAUL 6208 SPRING LAKE HIGHWAY BROOKSVILLE, FL 34601
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05/04/04-80029-008 150.00

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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: 	4-30-04	32 972-323-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		