


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007200 1. Entity Name VALLEY KNOLLS PROPERTIES, INC.	
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Principal Place of Business 239 EAST JEFFERSON BOULEVARD MISHAWAKA, IN 46545	Mailing Address PO BOX 868 SOUTH BEND, IN 46624
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1789120	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SKATES, JEFFREY P MCLIN & BURNSED P.A. 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATTS, JERRY L 239 EAST JEFFERSON BOULEVARD MISHAWAKA, IN 46545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATTS, JUDITH A 239 EAST JEFFERSON BOULEVARD MISHAWAKA, IN 46545
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02/01/05-80061-016 150.00

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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: Judith A. Watts Judith A. Watts 1/27/05 (574)274-1329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #