2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								
DOCUMENT # G12291			SE SE	FILED				
1. Entity Name VALENTINE AND COMPANY				3	9 04 SFP -9 PM 2: 19			
Principal Place 1630 YOUTH GROVELAND,	CAMP RD.	Mailing Address C/O ROBERT R CYRUS P.O. BOX 491635 LEESBURG, FL 34749-1635	us S			ARY OF STATE (SSEE, FLORID		
			gallan kepalan kepalangan tengan kepalangan kepalangan kepalangan kepalangan kepalangan kepalangan kepalangan Kepalan kepalangan kep	ganganan Kagunag Kaduniga Kaduniga Kadunag Kadunag			4	
				4. FEI Numb 59-225		———	Applied For Not Applicable	
and the first second to the se	6. Name and Address of Current R			5. Certificate	of Status Desired	□ \$8.75 Ac Fee Requir	dditional red	
CYRUS, ROBERT R 214-A N 3RD ST LEESBURG, FL 34748								
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 \$550.00 Due by September 8, 2004 9. Election Campaign Fin Trust Fund Contributio			ncing \$	\$5.00 May Be Added to Fees	9/9/04	0 1055 003	55000	
10.	OFFICERS AND D	IRECTORS	the material production of the third of the production of the state of the stat	در از در در از در از در در از در	ر از در	در این در ای در این در ای در این در ای	a na kananda a kananda na maja na maja na kananda na kananda na kananda na kananda na kananda na kananda na maja na maja na maja na jaka na maja na jaka na maja na jaka na jaka na maja na jaka n na na namanda na jaka na na na na na na na jaka na jaka na	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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12. I hereby of indicated of the corchanged	certify that the information supplied with t don this report or supplemental report is t reporation or the receiver or trustee empor , or on an attactiment with an address, w	his filing does not qualify for the ex true and accurate and that my sign, wered to execute this report as requ th all other like empowered.	emption stated in ature shall have uired by Chapter	n Section 119.07(3 the same legal effe 607, Florida Statul	(i), Florida Statutes ct as if made under es; and that my nan	I further certify that the certify that the certify that I am an office the appears in Block 10	e information er or director or Block 11 if	