

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90025 030 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # H92064					
1. Entity Name VIRGINIA M. CLENNEY, INC.					
Principal Place of Business 699 N HOLLAND TOWN ROAD WAUCHULA FL 33873-4403			Mailing Address 699 N HOLLAND TOWN ROAD WAUCHULA FL 33873-4403 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2634557	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLENNEY, JANICE B 699 N HOLLAND TOWN ROAD WAUCHULA FL 33873			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>Janice B. Clenney</i>		Signature, typed or printed name of registered agent and title, if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLENNEY, JERIL R		NAME		
STREET ADDRESS	699 N HOLLAND TOWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873-4403		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLENNEY, VIRGINIA M		NAME		
STREET ADDRESS	5245 N SOCRUM LOOP ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLENNEY, JANICE B		NAME		
STREET ADDRESS	699 N HOLLAND TOWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873-4403		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Janice B. Clenney* JANICE B. CLENNEY 2/4/04 813-773-6909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #