


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K97645 1. Entity Name LAVALLEY OF FLORIDA, INC.	
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06162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0127129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KUNMANN, EDMUND J 465 E PALMETTO PK RD BOCA RATON, FL 33432
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 LAVALLEY, RICHARD G SR. 1779 SABAL PALM DR. BOCA RATON, 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAVALLEY, RICHARD G. JR 5800 MONROE ST BLDG F SYLVANIA, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAVALLEY, DANIEL 5800 MONROE ST BLDG F SYLVANIA, OH
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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09/03/04-80005-003 550.00

**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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel Lavalley Thomas 8-30-04