


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90055 001 \*\*\*150.00

<b>DOCUMENT # M66374</b>	
1. Entity Name <b>VALENCIA ESTATES SENIOR CITIZEN ORGANIZATION, INC.</b>	

Principal Place of Business <b>3325 US HWY 98 SOUTH #53 LAKELAND FL 33803 US</b>	Mailing Address <b>3325 US HWY 98 SOUTH #53 LAKELAND FL 33803 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0134630</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MARTIN, E. SNOW, JR. 200 LAKE MORTON DRIVE LAKELAND FL 33801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BEHLING, RAY</b> <b>3325 US HWY 98 SOUTH #46</b> <b>LAKELAND FL 33803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>WARD BELEY</b> <b>3325 HWY. 98 S. #63</b> <b>LAKELAND, FL. 33803</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WARD, BELEY</b> <b>3325 HWY 985 #63</b> <b>LAKELAND FL 33803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>FRED SPICE</b> <b>3325 HWY. 985 - #41</b> <b>LAKELAND, FL. 33803</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHAPPELL, MARION</b> <b>3325 US HWY 98 SOUTH #53</b> <b>LAKELAND FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEORGE CHAPPELL</b> <b>3325 HWY. 98 S. #53</b> <b>LAKELAND, FL. 33803</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BELEY, GLORIA</b> <b>3325 US HWY 98 SOUTH #63</b> <b>LAKELAND FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOLORES GRIFFITHS</b> <b>3325 HWY. 98 S - #69</b> <b>LAKELAND, FL. 33803</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWLANDS, WILLIAM</b> <b>3325 US HWY 98 SOUTH #10</b> <b>LAKELAND FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BETTY BUBACK</b> <b>3325 HWY. 98 S - #40</b> <b>LAKELAND, FL. 33803</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AITCHISON, BETTE</b> <b>3325 US HWY 98 SOUTH #82</b> <b>LAKELAND FL 33803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AL LANDIS</b> <b>3325 HWY. 98 S - #39</b> <b>LAKELAND, FL. 33803</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. Chappell Feb. 2/05 (863) 668-5340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #