

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90028 025 ***158.75



DOCUMENT # P0000016231
 1. Entity Name
CHARLES VALENTINE ENTERPRISES, INC.

Principal Place of Business Mailing Address
470 CIRCLE DR **470 CIRCLE DR**
DEFUNIAK SPRGS, FL 32435 **DEFUNIAK SPRGS, FL 32435**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



04052004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3643703 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARNER, LYNN C
470 CIRCLE DR
DEFUNIAK SPRGS, FL 32435

7. Name and Address of New Registered Agent
 Name **GARNER, Terry Joe**
 Street Address (P.O. Box Number is Not Acceptable)
470 Circle Drive
 City **Defuniak Springs** **FL** Zip Code **32435**

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 Terry Joe Garner (Director) Terry Joe Garner 4/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNER, LYNN C			NAME			
STREET ADDRESS	470 CIRCLE DR			STREET ADDRESS			
CITY-ST-ZIP	DEJUNIAK SPGS, FL 32435			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/P/V/T/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNER, TERRY JOE			NAME	Garner, Terry Joe		
STREET ADDRESS	470 CIRCLE DR			STREET ADDRESS	470 Circle Drive		
CITY-ST-ZIP	DEJUNIAL SPGS, FL 32435			CITY-ST-ZIP	Defuniak Springs, FL 32435		
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: Terry Joe Garner (Director) Terry Joe Garner 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 892-6000