



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064067 1. Entity Name DOE VALLEY DEVELOPMENT CORPORATION, INC.	
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Principal Place of Business 931 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779	Mailing Address 931 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3657501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SIRIANNI, JOHN A
931 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

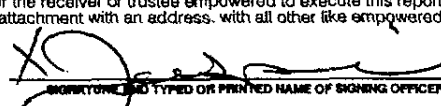
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SIRIANNI, JOHN A 931 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO GASPERONI, EMIL 921 WEKIVA SPRINGS RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVP GASPERONI, JEAN 931 WEKIVA SPRINGS RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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:  **4-29-04** **407-774-9434**

Date Daytime Phone

Jean Gasperoni