2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 08:00 AM Secretary of State

DOCUMENT # P0000064430 I. Sindy April VALENCIA COLLEGE CONVIENCE CENTER STORE, INC. Principal Proce of Business 707 N COLLERROR RD 708 State 1. State, Apr. F. etc.	ANNUAL REPORT						Secretary of State			
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SO, HELEN H 1335 E. WERKINA TRAIL LONGWOOD, FL 32779 City FL Zip Code 8. The above named certify submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FEL NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After M	City & State		City & State		}	747				
SO, HELEN H 1335 E. WEKINA TRAIL LONGWOOD, FL 32779 City FL Zip Code City State of Roids. 1 am familiar with, and accept the objections of legistered agent, or both, in the State of Roids. 1 am familiar with, and accept the objections of legistered agent. SIGNATURE SIGNATURE OPPERERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE NOW!! FEE IS \$150,00 9. Electron Compaging Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE NOW, TO SERVING H MAKE SIRET ADDRESS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE NOW, TO SERVING H 1336 E. WEKINA TL Change Addition MAKE SIRET ADDRESS 1071-51-2P 1011 MAKE SIRET ADDRESS 1071-51-2P 1012 1014 MAKE SIRET ADDRESS 1071-51-2P 1016 1017 1018 MAKE SIRET ADDRESS 1071-51-2P 1018 101	Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired			
Signature: Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Currer	it Registered Agent		Name	7. Name and A	ddress of New R	egistered Agent		
City FL Zip Code 8. The above named entity submits his statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE ### PLE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 ### PLE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 ### PLE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 ### PLE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 ### PLE NOW!!! FEE IS \$150.00 ### PLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 ### PLE NOW!!! FEE IS \$150.00 ###					Name					
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12. I hereby certify that the information supplied with this filing does not gualify 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 by 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 and accurate and that by 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 are same that I are a required by Chapter 607, Florida Statutes, any that my prine appears in Block 10 or Block 11 if	<u> </u>	}								
	12. I hereby of indicated of the cor	certify that the information supplied will on this report or supplemental report poration or the receive or trustee ended to an attachment with an additional trustee.	ith this filing does not qualify is true and accurate and that powers to accurate this ep-	for the exe to signa as requ	amption stated in Se ature shall have the ired by Chapter 601	ection 119.07(3)(i), same legal effect 7. Florida Statutes,	Fiorida Statutes, as if made under i and that my men	further certify that the path; that I am an office e appears in Block 10	information er or director or Block 11 if	