


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000001237**

1. Entity Name  
**DAVAL ENTERPRISES, INC.**



Principal Place of Business  
**101 E CLIFFORD AVENUE  
EUSTIS, FL 32726**

Mailing Address  
**PO BOX 1521  
EUSTIS, FL 32727**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3691126**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**STONE, STEPHEN M  
725 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32803**

**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 renaming) 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**

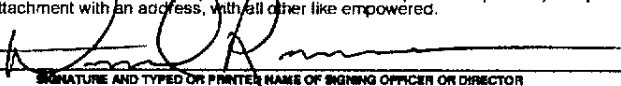
10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>ROSEMAN, DAVID W 101 E CLIFFORD AVENUE EUSTIS, FL 32726</b>
TITLE <b>SVP</b>	<b>ROSEMAN, VALERIE KAY 101 E CLIFFORD AVENUE EUSTIS, FL 32726</b>
TITLE <b>ST</b>	<b>BLANTON, VALERIE 101 E CLIFFORD AVENUE EUSTIS, FL 32726</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>

**DO NOT WRITE  
IN THIS SPACE**

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04/09/04-50030-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(l), 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:**  **1/6/04** **(352) 589-6828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #