## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000006888

Entity Name: FAIR VALUE PROPERTIES INC.

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 566 TRADEWINDS DR. 566 TRADEWINDS DR. DELTONA, FL 32725 DELTONA, FL 32738 **Current Mailing Address: New Mailing Address:** 566 TRADEWINDS DR. 566 TRADEWINDS DR. DELTONA, FL 32725 DELTONA, FL 32738 FEI Number: 02-0681217 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REYNIA, JAMES P REYNIA, JAMES P 566 TRÁDEWINDS DR. 566 TRADEWINDS DR. DELTONA, FL 32725 US DELTONA, FL 32738 US 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. SIGNATURE: 04/30/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition REYNIA, JAMES P MR Name: Name: 566 TRADEWINDS DR Address: Address: City-St-Zip: City-St-Zip: DELTONA, FL 32738 US Title: Title: ( ) Change (X) Addition () Delete Name: Name: REYNIA, JAMES P MR 566 TRADEWINDS DR Address: Address: DELTONA, FL 32738 US City-St-Zip: City-St-Zip: Title: Title: () Delete SEC ( ) Change (X) Addition REYNIA, JAMES P MR Name: Name: 566 TRADEWINDS DR Address Address: City-St-Zip: City-St-Zip: DELTONA, FL 327381 US Title: () Delete Title: **TRES** ( ) Change (X) Addition REYNIA, JAMES P MR Name: Name: Address: Address: 566 TRADEWINDS DR City-St-Zip: City-St-Zip: DELTONA, FL 32738 US Title: Title: ( ) Change (X) Addition ( ) Delete REYNIA, JAMES P MR Name: Name: Address: Address: 566 TRADEWINDS DR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

DELTONA, FL 32738 US

SIGNATURE: JAMES REYNIA **PRES** 04/30/2004

City-St-Zip: