

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

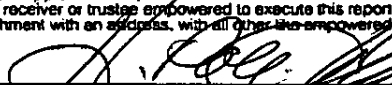
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Aug 30, 2004 8:00 am
Secretary of State

08-03-2004 90010 006 ***550.00

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MOORE CR2E034 (4/04)

DOCUMENT # P03000114278			
1. Entity Name VALUXI ENTERTAINMENT INC.			
Principal Place of Business 3448 STATE ROAD 13 JACKSONVILLE FL 32259		Mailing Address 3448 STATE ROAD 13 JACKSONVILLE FL 32259 PO BOX 985 Old Town, FL 32680	
2. Principal Place of Business Po Box 985,		3. Mailing Address Po Box 985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Old Town, Florida		City & State Old Town, Florida	
Zip 32680	Country Dixie	Zip 32680	Country Dixie
4. FEI Number 90-0122-918		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRING, H DALE 3448 STATE ROAD 13 526 St 897 Street JACKSONVILLE FL 32259 Old Town, FL 32680		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRING, H DALE 3448 STATE ROAD 13 JACKSONVILLE FL 32259 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		8-26-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	