

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90083 025 ***150.00



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1. Entity Name:
VALLEY VIEW CORPORATION

Principal Place of Business
**28382 TASCA DR
BONITA SPRINGS, FL 34135**

Mailing Address
**28382 TASCA DR
BONITA SPRINGS, FL 34135**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-1978190

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTWRIGHT, PAUL
28382 TASCA DR
BONITA SPRINGS, FL 34135**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME CARTWRIGHT, CHARLES A
STREET ADDRESS 172 SNAKERIVER DR
CITY-ST-ZIP O'FALLON, MO 63366

Change Addition

TITLE VD Delete
NAME HOGUE, KATHY
STREET ADDRESS 6891 RAIN LILY RD APT 201
CITY-ST-ZIP NAPLES, FL 34109

Change Addition

TITLE STD Delete
NAME CARTWRIGHT, PAUL
STREET ADDRESS 28382 TASCA DR
CITY-ST-ZIP BONITA SPRINGS, FL 34135

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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: Paul Cartwright Date: 3-17-05 Daytime Phone #: 239-248-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #