

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 019 ***158.75

DOCUMENT # P06000043306 1. Entity Name RICKIE VALENTINE SECURITY, INC.					
Principal Place of Business 4257 MCDOWELL STREET JACKSONVILLE, FL 32226			Mailing Address 4257 MCDOWELL STREET JACKSONVILLE, FL 32226		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
5. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA STREET ST. AUGUSTINE, FL 32084			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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST VALENTINE, RICKIE 4257 MCDOWELL STREET JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			03-21-07 Date Daytime Phone #		

40041508



02262007 Chg-P CR2E034 (12/06)

4. FEI Number **20-466477** Applied For Not Applicable

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