

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91213 004 \*\*\*150.00

<b>DOCUMENT # P93000084751</b> 1. Entity Name <b>VALENTINE AND STONE, INC.</b>			
Principal Place of Business <b>4450 BONITA BEACH ROAD SUITE 13 BONITA SPRINGS, FL 34134</b>		Mailing Address <b>4450 BONITA BEACH ROAD SUITE 13 BONITA SPRINGS, FL 34134</b>	
2. Principal Place of Business <b>28520 Bonita Crossing Blvd Suite 6 Bonita Springs, FL</b>		3. Mailing Address <b>28520 Bonita Crossing Blvd Suite 6 Bonita Springs, FL</b>	
City & State <b>Bonita Springs, FL</b>		City & State <b>Bonita Springs, FL</b>	
Zip <b>34135</b>		Zip <b>34135</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0454264</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GENNARO, JOYCE 4450 BONITA BEACH ROAD SUITE 13 BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>28520 Bonita Crossing Blvd Suite 6 Bonita Springs, FL 34135</b>	
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 <u><i>Joyce Gennaro</i></u> DATE <u>4/29/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONOLTY, MICHAEL J 4450 BONITA BEACH ROAD, SUITE 13 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>28520 Bonita Crossing Blvd #6 Bonita Springs, FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONOLTY, MICHAEL J 4450 BONITA BEACH RD #13 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>28520 Bonita Crossing Blvd #6 Bonita Springs, FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONOLTY, ROBERTA 4450 BONITA BEACH RD. #13 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>28520 Bonita Crossing Blvd #6 Bonita Springs, FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>Roberta W. Conolty</i></u> DATE <u>4/29/04</u> DAYTIME PHONE # <u>(239) 495-1201</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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