2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State
01-26-2005 90013 022 ***150.00

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1. Entity Name
VALENTINE AND STONE, INC.

66003101

Principal Place of Business	Mailing Address
28520 BONITA CROSSING BLVD STE 6 BONITA SPRINGS, FL 34135	28520 BONITA CROSSING BLVD STE 6 BONITA SPRINGS, FL 34135

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0454264
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GENNARO, JOYCE
28520 BONITA CROSSING BLVD STE 6
BONITA SPRINGS, FL 34135

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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: Roberta M. Conolty (VP) 1/20/05
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

TITLE	P
NAME	CONOLTY, MICHAEL J
STREET ADDRESS	28520 BONITA CROSSING BLVD STE 6
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	P
NAME	CONOLTY, MICHEAL J
STREET ADDRESS	28520 BONITA CROSSING BLVD STE 6
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VP
NAME	CONOLTY, ROBERTA
STREET ADDRESS	28520 BONITA CROSSING BLVD STE 6
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Roberta M. Conolty (VP) 2/23/05 (239) 495-120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #