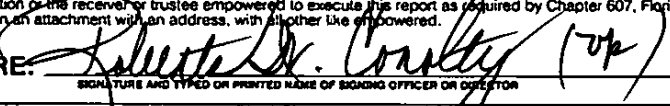


FILED
Mar 02, 2005 8:00 am
Secretary of State

01-26-2005 90013 022 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000084751		
1. Entity Name VALENTINE AND STONE, INC.		
Principal Place of Business 28520 BONITA CROSSING BLVD STE 6 BONITA SPRINGS, FL 34135		Mailing Address 28520 BONITA CROSSING BLVD STE 6 BONITA SPRINGS, FL 34135
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GENNARO, JOYCE 28520 BONITA CROSSING BLVD STE 6 BONITA SPRINGS, FL 34135		66003101  01182005 No Chg-P CR2E034 (10/03)
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.		4. FEI Number 65-0454264
SIGNATURE  (vp) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.		
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 NAME STREET ADDRESS CITY-ST-ZIP	P CONOLTY, MICHAEL J 28520 BONITA CROSSING BLVD STE 6 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONOLTY, MICHAEL J 28520 BONITA CROSSING BLVD STE 6 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONOLTY, ROBERTA 28520 BONITA CROSSING BLVD STE 6 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  (vp) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/23/05 (239) 495-1201 Daytime Phone #