

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000021074

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** H. HARRISON VALENTINE, INC.

**Current Principal Place of Business:**

2603 CHALLENGER TECH CT.  
SUITE 150  
ORLANDO, FL 33826

**New Principal Place of Business:**

**Current Mailing Address:**

8672 DELCRIS DRIVE  
MONTGOMERY VILLAGE, MD 208864377 US

**New Mailing Address:**

655 GOODPASTURE ISLAND ROAD  
APT. # 200  
EUGENE, OR 97401

**FEI Number:** 65-0475976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: VALENTINE, H. HARRISON OWNER  
Address: 655 GOODPASTURE ISLAND ROAD, APT. # 200  
City-St-Zip: EUGENE, OR 97401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: H. HARRISON VALENTINE

C

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date