

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90399 002 ***150.00

DOCUMENT # P94000029668

1. Entity Name

VAL'S OF SARASOTA, INC.



Principal Place of Business

Mailing Address

3701 BEE RIDGE RD
 SARASOTA FL ~~34239-8078~~

~~1 N. TAMiami TRAIL~~
~~SARASOTA FL 34236~~

~~44041433~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
 34233

Country

Zip
 34233

Country

U.S.

4. FEI Number

65-0480592

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUHLBACH, ARNOLD
~~1 NORTH TAMiami TRAIL~~
~~SARASOTA FL 34236~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3701 BEE RIDGE RD

City SARASOTA

FL

Zip Code 34233

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 ARNOLD MUHLBACH
 Signature, typed or printed name of registered agent and title if applicable.

Arnold Muhlbach
 (NOTE: Registered Agent signature required when reinstating)

4/26/04
 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD Delete
 NAME PARRY, LAURENCE
 STREET ADDRESS ~~1 NORTH TAMiami TRAIL~~
 CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE Change Addition
 NAME
 STREET ADDRESS 3701 BEE RIDGE RD
 CITY-ST-ZIP SARASOTA FL 34233

TITLE SD Delete
 NAME PARRY, VALERIE M.
 STREET ADDRESS ~~1 NORTH TAMiami TRAIL~~
 CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE Change Addition
 NAME
 STREET ADDRESS 3701 BEE RIDGE RD
 CITY-ST-ZIP SARASOTA FL 34233

TITLE V Delete
 NAME LEEREVELD, BART
 STREET ADDRESS ~~1 N. TAMiami TR~~
 CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE Change Addition
 NAME
 STREET ADDRESS 3701 BEE RIDGE RD
 CITY-ST-ZIP SARASOTA FL 34233

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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: *L.H. Parry* L.H. PARRY President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
 Date Daytime Phone #