

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 039 ***150.00

DOCUMENT # P95000084634

1. Entity Name

VALHALLA VILLAGE, INC.



Principal Place of Business

370 MINORCA AVENUE
CORAL GABLES FL 33134
US

Mailing Address

200 SOUTH 23RD
SUITE E-1
BOZEMAN MT 59715
US

2. Principal Place of Business

3. Mailing Address

385 Meadowlark Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bozeman, MT

Zip

Country

59718

USA

4. FEI Number

65-0615743

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

THOMSON, JOHN M
THE LAW CENTER, SUITE ONE
370 MINORCA AVE.
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

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, 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 PD ☐ Delete
NAME RAYMOND C STINNETT
STREET ADDRESS 200 S 23RD SUITE E-1
CITY-ST-ZIP BOZEMAN MT 59715

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME LINDA MUSFELDT
STREET ADDRESS 200 S 23RD SUITE E-1
CITY-ST-ZIP BOZEMAN MT 59715

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME STINNETT, JAMES B
STREET ADDRESS 200 S 23RD SUITE E-1
CITY-ST-ZIP BOZEMAN MT 59715

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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: *Raymond C Stinnett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

406-586-2553

Date

Daytime Phone #