2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State
09-17-2004 90006 013 ***150.00

DOCUMENT # P96000047767

1. Entity Name
VALUATION RESEARCH GROUP, INC.

24085684

Principal Place of Business	Mailing Address
13923 OLD DIXIE HIGHWAY HUDSON, FL 34667 US	13923 OLD DIXIE HIGHWAY HUDSON, FL 34667 US

07282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3434912 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARY AKINS
13923 OLD DIXIE HWY
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name AKINS, JENNIFER
Street Address (P.O. Box Number is Not Acceptable) 13923 OLD DIXIE HWY
City HUDSON FL Zip Code 34667

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] 8/30/04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AKINS, JENNIFER		NAME		
STREET ADDRESS	13923 OLD DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] JENNIFER AKINS 9/15/04 727-808-4662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 2405568 1

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 3, 2004

VALUATION RESEARCH GROUP, INC.
13923 OLD DIXIE HIGHWAY
HUDSON, FL 34667 US

SUBJECT: VALUATION RESEARCH GROUP, INC.
Ref. Number: P96000047767

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report is $150.00. If a certificate of status is desired, please add an additional $8.75.

An officer or director must sign the report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 104A00053630

OFFICE of VITAL STATISTICS

CERTIFIED COPY ATTACHMENT 2 to 085682

P96000047707

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. SEX
	Gary	LV.	Akins	Male

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 Day Hours	Minutes
AUG 24, 2002	554-82-0882	51				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
May 27, 1951	Fort Bragg, North Carolina	Yes

9a. PLACE OF DEATH (Check only one; see instructions on other side)
HOSPITAL ___ Inpatient X ER/Outpatient ___ DOA OTHER: ___ Nursing Home ___ Residence ___ Other (Specify)

9b. INSIDE CITY LIMITS? (Yes or No): No

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
Regional Medical Center Bayonet Point	Hudson	Pasco

GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED.

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Special Agent	Law Enforcement	Married	Jennifer L. Jones

PARENTS

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Florida	Pasco	Hudson	13929 Old Dixie Highway

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No ___ Yes Specify	15. RACE – American Indian, Black, White, etc. Specify	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12)	College (1-4 or 5 +)
No	34667		White		4

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Katinka Akins	Earline Fowler

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Jennifer L. Akins	13929 Old Dixie Highway Hudson, Florida 34667

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
___ Burial X Cremation ___ Removal from State ___ Donation ___ Other (Specify)	MKG Care, Inc.	New Port Richey, Florida

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
[signature]	4537	Prevatt Funeral Home 7709 State Road 52 Hudson Florida 34667

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) ►

22b. DATE SIGNED (Mo., Day, Yr)	22c. HOUR OF DEATH
	M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) ► [signature]

23b. DATE SIGNED (Mo., Day, Yr)	23c. HOUR OF DEATH
8/25/02	12:46 A M

23d. MEDICAL EXAMINER'S CASE # 02.06.0994

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
NOEL PALMA,MD, ME, 10850 Ulmerton Rd., Largo, FL 33778

25a. SUBREGISTRAR – SIGNATURE AND DATE	25b. LOCAL REGISTRAR – SIGNATURE	25c. DATE REGISTERED
	Elaine L. Llewellyn	Aug. 27, 2002

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
	Yes	Yes	Yes

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? ___ Yes ___ No	30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.	32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY M	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED
NATURAL				

32e. PLACE OF INJURY – At home, farm, street, factory, etc. (Specify)

32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

512, 9/96 (places HRS rm 512)

VOID IF ALTERED OR ERASED

AUG 27 2002

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: Elaine L. Llewellyn DEPUTY REGISTRAR State Registrar

SEAL OF THE STATE OF FLORIDA

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

9627938

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564A (3/99)