2004 FOR PROFIT CORPORATION "ANNUAL REPORT (AR)

Feb 06, 2004 08:00 AM DOCUMENT # P96000079412 **Secretary of State** VALUE INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 1930 BRANTLEY CIRCLE CLERMONT FL 34711-2970 1930 BRANTLEY CIRCLE CLERMONT FL 34711-2970 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3399750 Not Applicable Zıp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CERILLI, CATALDO Street Address (P.O. Box Number is Not Acceptable) 1930 BRANTLEY CIRCLE CLERMONT FL 34711-2970 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 agont and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PST** ☐ Delete TITI E ☐ Change ☐ Addition CERILLI, CATALDO CARL NAME NAME 1930 BRANTLEY CIRCLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CLERMONT FL CITY-ST-ZIP UTLE D ☐ Delete TITLE ☐ Change Addition PLUMMER, FRED K NAME MALAF STREET ADDRESS 16731 TEQUESTA TRAIL STREET ADDRESS U000000039077 CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP TITLE ☐ Delele TITLE HAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE Delete स्याह ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATALDO (ARL CERLL! OF THE OF DAVING PRIOR OFFICER OR DIRECTOR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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