



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90048 001 ***150.00

DOCUMENT # P97000016086 1. Entity Name VANVALKENBURG ENTERPRISES, INC.					
Principal Place of Business 4651 BABCOCK ST AVE ST 6-B PALM BAY, FL 32905 US			Mailing Address 4651 BABCOCK ST NE SUITE 6-B PALM BAY, FL 32905 US		
2. Principal Place of Business Suite, Apt. #, etc. 5-B City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. 5-B City & State Zip Country			
4. FEI Number 59-3430021				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANVALKENBURG, KAMELA 4651 BABCOCK ST. NE SUITE 6-B 5-B PALM BAY, FL 32905			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANVALKENBURG, KAMELA 602 CABALLERO AVE., SE PALM BAY, FL 32909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Van Valkenburg, Kamela 195 Terkam Dr. SE PALM BAY FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANVALKENBURG, TERRY 602 CABALLERO AVE., SE PALM BAY, FL 32909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Van Valkenburg, Terry 195 Terkam Dr. S.E. PALM BAY FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Kamela Van Valkenburg</u> Kamela Van Valkenburg 1-5-04 321-227-8485 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					