

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000016086

1. Entity Name
VANVALKENBURG ENTERPRISES, INC.



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

01-08-2004 90048 001 ***150.00



Principal Place of Business
4651 BABCOOK 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**

3. Mailing Address
Suite, Apt. #, etc. **5-B**

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3430021

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANVALKENBURG, KAMELA
4651 BABCOCK ST. NE
SUITE 6-B **S-B**
PALM BAY, FL 32905

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.**

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 NAME STREET ADDRESS CITY-ST-ZIP	D VANVALKENBURG, KAMELA 602 CABALLERO AVE., SE PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Van Valkenburg, Kamele 195 Terc Kam Dr. SE Palm Bay FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANVALKENBURG, TERRY 602 CABALLERO AVE., SE PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Van Valkenburg, Terry 195 Terc Kam Dr. S.E. Palm Bay FL 32909	<input checked="" 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
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: *Kamela Van Valkenburg* **Date:** *1-5-04* **Daytime Phone #:** *321-727-8485*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR