

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000021198

1. Entity Name
VALENTINE TRUCKING, INC.



FILED

04 SEP -9 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1630 YOUTH CAMP ROAD
GROVELAND, FL 34736

Mailing Address
C/O ROBERT R CYRUS
P.O. BOX 491635
LEESBURG, FL 34749-1635 US

\$550.00



07012004 No Chg-P CR2E034 (10/03)

04

| | |
|--|-------------------------------|
| 4. FEI Number 59-3482330 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CYRUS, ROBERT R
214-A NORTH THIRD STREET
LEESBURG, FL 34748

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May be
Added to Fees

600040935426
08/04--01055--003 **1650.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | VALENTINE, ROBERT L |
| STREET ADDRESS | 1630 YOUTH CAMP ROAD |
| CITY-ST-ZIP | GROVELAND, FL 34736 |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-7-04

352-787-2484

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