

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90002 027 \*\*\*150.00

FILE # 297000021198  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 22 PM 1:52

DOCUMENT # P97000021198

1. Entity Name  
VALENTINE TRUCKING, INC.



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



05122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3482330

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 resigning)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005

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 VALENTINE, ROBERT L ☐ Delete  
1630 YOUTH CAMP ROAD  
GROVELAND, FL 34736

TITLE  
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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 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

6/5/05

Date

342-787

Daytime Phone #

2484