

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90532 001 ***150.00

DOCUMENT # P99000036459

1. Entity Name
VALERIAN MANAGEMENT, INC.



Principal Place of Business
45 ISLAND ESTATES PKWY.
PALM COAST, FL 32135

Mailing Address
45 ISLAND ESTATES PKWY.
PALM COAST, FL 32135



2. Principal Place of Business
One Hargrove Grade

3. Mailing Address
One Hargrove Grade

Suite, Apt. #, etc.
1-G

Suite, Apt. #, etc.
1-G

04082004 Chg-P CR2E034 (10/03)

City & State
Palm Coast, FL

City & State
Palm Coast, FL

4. FEI Number
59-3570835

Applied For
Not Applicable

Zip
32137

Country
Flagler

Zip
32137

Country
Flagler

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

6. Name and Address of Current Registered Agent

LICHTER, VALDIN A
45 ISLAND ESTATES PKWY.
PALM COAST, FL 32135

Name

Street Address (P.O. Box Number is Not Acceptable)

One Hargrove Grade, Suite 1-G

City Palm Coast FL Zip Code 32137

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME LICHTER, VALDIN A
STREET ADDRESS 45 ISLAND ESTATES PKWY.
CITY-ST-ZIP PALM COAST, FL 32135

TITLE D ☐ Delete
NAME LICHTER, BARBARA G
STREET ADDRESS 45 ISLAND ESTATES PKWY.
CITY-ST-ZIP PALM COAST, FL 32135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS One Hargrove Grade, Suite 1-G
CITY-ST-ZIP Palm Coast, FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS One Hargrove Grade, Suite 1-G
CITY-ST-ZIP Palm Coast, FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

VALDIN A. LICHTER

Date

Daytime Phone #

4-14-2004 386-445-9922