

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 JAN 31 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S12529

1. Entity Name

VALENTI, TROBEC & WOODY, INC.



Principal Place of Business

4110 CENTER POINTE DRIVE
SUITE 215
FORT MYERS FL 33916
US

Mailing Address

4110 CENTER POINTE DRIVE
SUITE 215
FORT MYERS FL 33916
US

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

1/31/04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0228200

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

WOODY, JAY E.
8789 BANYAN COVE CIR
FT MYERS FL 33919

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME VALENTI, DELANO A. ☐ Delete
STREET ADDRESS 6054 LIVERNOIS, SUITE 1
CITY-ST-ZIP TROY MI

TITLE DS
NAME WOODY, JAY E. ☐ Delete
STREET ADDRESS 8789 BANYAN COVE CIR
CITY-ST-ZIP FT MYERS FL

TITLE DT
NAME TROBEC, ROBERT ☐ Delete
STREET ADDRESS 6054 LIVERNOIS
CITY-ST-ZIP TROY MI

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 000000025231
CITY-ST-ZIP 02/02/04-80097-008 \$50.00

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

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

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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

JAY E. WOODY 1/20/04 (239) 275-8226

Date

Daytime Phone #