SIGNATURE	: KATHY HOGUE			02/18/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PD	Title	VD	
Name	CARTWRIGHT, CHARLES A	Name	HOGUE, KATHY	
Address	1953 HORSE MOUNTAIN ROAD	Address	6105 MONTELENA CIR, # 101	
City-State-Zip:	SHELBYVILLE TN 37160	City-State-Zip:	NAPLES FL 34119	
Title	STD			
Name	CARTWRIGHT, PAUL			
Address	4505 SE COUNTY ROAD 760			
City-State-Zip:	ARCADIA FL 34266			

6105 MONTELENA CR. UNIT #6101 NAPLES, FL 34119

Current Mailing Address:

6105 MONTELENA CR., #6101 NAPLES, FL 34119 US

FEI Number: 20-1978190

Name and Address of Current Registered Agent:

HOGUE, KATHY 6105 MONTELENA CR., #6101 N

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VP

SIGNATURE: KATHY HOGUE

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

FILED Feb 18, 2024 Secretary of State 1360417924CC

02/18/2024

Date

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163565

Entity Name: VALLEY VIEW CORPORATION

Current Principal Place of Business: