



**2007 FOR PROFIT CORPORATION*
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P93000044281 1. Entity Name VALLEY CONSTRUCTION, INC.	
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Principal Place of Business 86 DOUG CASSIDAY ROAD PONCE DE LEON, FL 32455	Mailing Address 86 DOUG CASSIDAY ROAD PONCE DE LEON, FL 32455
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DO NOT WRITE IN THIS SPACE

		
03192007	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3203335	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

MCCULLERS JR, JIMMY C
1892 RISLEY HILL RD
PONCE DE LEON, FL 32455

DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when reinstating)

4-2-07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000690538
04/11/07-80079-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCULLERS, JIMMY C JR. 1892 PUSLEY HILL ROAD PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUIFFRE, LOUIS P JR. 1769 PUSLEY HILL ROAD PONCE DE LEON, FL 32455
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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)

4-2-07
Date

850-836-4642
Daytime Phone #