# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2005**
**Secretary of State**

DOCUMENT# 752186

**Entity Name:** VALKYRIES OF MANATEE, INC.

**Current Principal Place of Business:**

4010 62ND ST EAST
BRADENTON, FL 34208 US

**New Principal Place of Business:**

4304 DANCEY DR.
WIMAUMA, FL 33598 US

**Current Mailing Address:**

4010 62ND ST EAST
BRADENTON, FL 34208 US

**New Mailing Address:**

4304 DANCEY DR.
WIMAUMA, FL 33598 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLOOF, PHILLIP
4304 DANCEY DR.
WIMAUMA, FL 33598 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: LEADLEY, RANDY
Address: 14034 N MCINTOSH RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD ( ) Delete
Name: BROWN, WALTER
Address: 404 44TH ST CT W
City-St-Zip: PALMETTO, FL 34221

Title: TD ( ) Delete
Name: THOMPSON, BILL
Address: 5118 15TH AVE. W
City-St-Zip: BRADENTON, FL 34209

Title: S ( ) Delete
Name: PLOOF, PHILLIP
Address: 4304 DANCEY DR.
City-St-Zip: WIMAUMA, FL 33598

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP PLOOF S 03/21/2005
Electronic Signature of Signing Officer or Director — Date