

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000006134

1. Entity Name
VALLS SHIPPING COMPANY



Principal Place of Business
210 SOUTH CARANCAHUA, SUITE 600
CORPUS CHRISTI, TX 78401

Mailing Address
P.O. BOX 2505
CORPUS CHRISTI, TX 78403-2505



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2009395

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
VALLS, RICHARD R
210 SOUTH CARANCAHUA, SUITE 600
CORPUS CHRISTI, TX 78401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WEEKS, JASON E
210 SOUTH CARANCAHUA, SUITE 600
CORPUS CHRISTI, TX 78401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
VALLS, SANDRA H
210 SOUTH CARANCAHUA, SUITE 600
CORPUS CHRISTI, TX 78401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VALLS, LAURENCE A
210 SOUTH CARANCAHUA, SUITE 600
CORPUS CHRISTI, TX 78401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VALLS, RICHARD R JR.
210 SOUTH CARANCAHUA, SUITE 600
CORPUS CHRISTI, TX 78401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
E
VALLS, RICHARD R JR.
210 SOUTH CARANCAHUA, SUITE 600
CORPUS CHRISTI, TX 78401

U00000821898
02/19/08-80045-016 150.00

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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

Date

Daytime Phone

1/24/08

361-884-4096