

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72830

Entity Name: VAL-DA-LAR, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

% VALERIE PLEASANTON
510 E BOYNTON BCH BLVD
BOYNTON BCH, FL 33435

New Principal Place of Business:

Current Mailing Address:

% VALERIE PLEASANTON
510 E BOYNTON BCH BLVD
BOYNTON BCH, FL 33435

New Mailing Address:

FEI Number: 59-2207036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, H DALE
510 E BOYNTON BEACH BLVD
BOYNTON BCH, FL 33435 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HATCH, H DALE,
Address: 1211 SW 1ST ST
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: HATCH, EDRIS M,
Address: 1211 SW 1ST ST
City-St-Zip: BOYNTON BEACH, FL 33435

Title: CD () Delete
Name: HATCH, LARRY D.
Address: 1143 IRVINE CT
City-St-Zip: FOREST, VA 24551

Title: PTD () Delete
Name: PLEASANTON, VALERIE A.
Address: 235 SW 13TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: HATCH, LINDA D.
Address: 2616 WURTSMITH LANE
City-St-Zip: NORTH PORT, FL 34287

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: PLEASANTON, LORAN I D
Address: 235 S W 13TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VALERIE PLEASANTON

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date