

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J77673

**FILED**  
**Mar 15, 2007**  
**Secretary of State**

**Entity Name:** MICHAEL VALESKY & ASSOCIATES, INC. INSURANCE

**Current Principal Place of Business:**

1817 16TH ST N  
PO BOX 7068  
ST PETERSBURG, FL 337043917 US

**New Principal Place of Business:**

1817 16TH ST N  
ST PETERSBURG, FL 33704 US

**Current Mailing Address:**

P.O. BOX 7068  
PO BOX 7068  
ST PETERSBURG, FL 337043917 US

**New Mailing Address:**

**FEI Number:** 59-2823638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VALESKY, PAUL MICHAEL  
1817 16TH ST NE  
ST PETERSBURG, FL 33704 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: PD ( ) Delete  
Name: VALESKY, PAUL MICHAEL, L  
Address: 1817 16TH ST N  
City-St-Zip: ST PETERSBURG, FL

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

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 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: PAUL M VALESKY

PRES

03/15/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date