


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J84811</b> 1. Entity Name <b>VALRICO STATE BANK</b>	
---	---

Principal Place of Business <b>1815 EAST STATE ROAD 60 VALRICO, FL 33594-3623</b>	Mailing Address <b>1815 EAST STATE ROAD 60 VALRICO, FL 33594-3623</b>
--	--

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2877722</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

000000168909  
08/02/04-80002-015 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BALL, JERRY L 1803 DANA COURT BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, GREGORY L. 2901 BRUCKEN ROAD VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENNINGS, CHARLES E., JR U.S. HIGHWAY 92 DOVER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLEAN, JOHN E., III 717 NORTH VALRICO RD VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORIEGA, JUSTO EAST STATE ROAD 60 VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEE, DAVID A 6010 KESTRAL POINT AVE. LITHIA, FL 33547

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Jerry L. Ball*

7/20/04

Date

(813) 689-1237

Daytime Phone #