

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J88160**

1. Entity Name  
**VALUE, INC.**



Principal Place of Business  
**% ROGER BUKOWSKI  
1603 ZAFFER ST. N.W.  
PALM BAY, FL 32907**

Mailing Address  
**% ROGER BUKOWSKI  
1603 ZAFFER ST. N.W.  
PALM BAY, FL 32907**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2831640** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BUKOWSKI, ROGER  
1603 ZAFFER ST NW  
PALM BAY, FL 32907**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                 |
|----------------|-----------------|
| TITLE          | PD              |
| NAME           | BUKOWSKI, ROGER |
| STREET ADDRESS | 1802 PACE N.W.  |
| CITY-ST-ZIP    | PALM BAY, FL    |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY-ST-ZIP    |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY-ST-ZIP    |                 |
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| CITY-ST-ZIP    |                 |
| TITLE          |                 |
| NAME           |                 |
| STREET ADDRESS |                 |
| CITY-ST-ZIP    |                 |

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**DO NOT WRITE  
IN THIS SPACE**

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: *Roger Bukowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 06-2006 321-951-4329*  
Date Daytime Phone #