


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State


03-19-2004 90038 015 ****61.25

DOCUMENT # N05203 1. Entity Name VALCRON, INC.	
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Principal Place of Business 521 CROSS ST. P. O. BOX 510524 PUNTA GORDA, FL 33951-7524	Mailing Address 521 CROSS ST. P. O. BOX 510524 PUNTA GORDA, FL 33951-7524
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DO NOT WRITE IN THIS SPACE

54019586



03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2531479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOORE, ROBERT J
3111 BUTTONWOOD PLACE
PUNTA GORDA, FL 33950

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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 **ROBERT J. MOORE** *Robert J Moore* **03/10/04** **NO CHANGES IN OFFICERS**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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	PD ROTHHOFF, ALLYN 2401 SOFIA LANE PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRAWFORD, JAMES 1615 BAL HARBOR CT PORT CHARLOTTE, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBAULT, DONALD 544 LINDLEY TERR PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARVEY, TERRY 316 COLDEWAY DR E-40 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGAN, JOE 1000 KINGS HIGHWAY #478 PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLARA, EUGENE 26455 EUROPA LANE PUNTA GORDA, FL 33983

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: **Allyn R. Rothhoff** *Allyn R. Rothhoff* **03/10/04** **941-235-1222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #