

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 11, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N05203**

1. Entity Name  
**VALCRON, INC.**



Principal Place of Business  
**P. O. BOX 510524  
PUNTA GORDA, FL 33951-0524**

Mailing Address  
**P. O. BOX 510524  
PUNTA GORDA, FL 33951-0524**



07072005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2531479**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

**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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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07/11/05-80001-003 61.25

**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)(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:**

*Allan R. Rothhoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8, 2005 941-235-1222

Date

Daytime Phone #