

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000035603

1. Entity Name
VAL-LARY, INC.



Principal Place of Business
711 NORTH SHERRILL ST.
TAMPA, FL 33609

Mailing Address
711 NORTH SHERRILL ST.
TAMPA, FL 33609



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3636089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MASSINGILL, JESSE L.
711 N SHERRILL STREET
TAMPA, FL 33609

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000015647E
05/05/04-80079-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
PD
MASSINGILL, VALERIE A
STREET ADDRESS
711 N SHERRILL ST
CITY - ST - ZIP
TAMPA, FL 33609

TITLE
NAME
D
MASSINGILL, JESSE L
STREET ADDRESS
711 N SHERRILL ST
CITY - ST - ZIP
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP

**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 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:

Jesse L. Massingill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSE L MASSINGILL

4/27/04

Date

813-885-5656

Daytime Phone #