


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91011 018 \*\*\*150.00

<b>DOCUMENT # P00000080374</b> 1. Entity Name <b>VALROY, INC.</b>					
Principal Place of Business RT. 1 BOX 3095 F 28 MADISON, FL 32340			Mailing Address P.O. BOX 129 LEE, FL 32059		
2. Principal Place of Business <b>32 JUNIPER PASS LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 831569</b> Suite, Apt. #, etc.			
City & State <b>OCALA FL</b> Zip <b>34480</b>		City & State <b>OCALA FL</b> Zip <b>34483</b>		4. FEI Number <b>59-3681247</b>	
Country <b>MARION</b>		Country <b>MARION</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BERGMAN, CLAUDETTE</b> <b>7317 OTTER CREEK DR</b> <b>NEW PORT RICHEY, FL 34655</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>BROWER, VALERIE</b> STREET ADDRESS <b>RT. 1 BOX 3095 F28</b> CITY-ST-ZIP <b>MADISON, FL 32340</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>BROWER, VALERIE</b> STREET ADDRESS <b>32 JUNIPER PASS LANE</b> CITY-ST-ZIP <b>OCALA FL 34480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>BROWER, ROYCE D SR</b> STREET ADDRESS <b>RT 1 BOX 3095 F28</b> CITY-ST-ZIP <b>MADISON, FL 32340</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>BROWER, ROYCE D. SR</b> STREET ADDRESS <b>32 JUNIPER PASS LANE</b> CITY-ST-ZIP <b>OCALA FL 34480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Valerie Brower, President (VALERIE BROWER)</u> <span style="float: right;">352/</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">4/22/04 245-3125</span> <small>Date Daytime Phone #</small>					