

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000080374	
1. Entity Name VALROY, INC.	
Principal Place of Business 32 JUNIPER PASS LANE OCALA, FL 34480	Mailing Address P.O. BOX 831569 OCALA, FL 34483



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681247	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 BERGMAN, CLAUDETTE 7317 OTTER CREEK DR NEW PORT RICHEY, FL 34655	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2005 Fee will be \$550.00**

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	P BROWER, VALERIE 32 JUNIPER PASS LANE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROWER, ROYCE D SR 32 JUNIPER PASS LANE OCALA, FL 34480
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02/26/05-80025-014 150.00

**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)(f), 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: Valerie Brower Valerie Brower 2/26/05 352/454-9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #