

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 021 ***150.00

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**

50006606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3681247

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERGMAN, CLAUDETTE
7317 OTTER CREEK DR
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name **SAME NAME**

Street Address (P.O. Box Number is Not Acceptable)

146 BRYAN CAVE ROAD

City **SOUTH DAYTONA**

FL Zip Code **32119**

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

Valerie Brower

Claudette Bergman

3/23/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BROWER, VALERIE**
STREET ADDRESS **32 JUNIPER PASS LANE**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **VP** ☐ Delete
NAME **BROWER, ROYCE D SR**
STREET ADDRESS **32 JUNIPER PASS LANE**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

Date

352/245-3125

Daytime Phone #