## 2006 FOR PROFIT CORPORATION

## Jan 23, 2006 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P01000087076 VALRICO HOLDING COMPANY Principal Place of Business Mailing Address 3811 S.R. 60 EAST P.O. BOX 413 VALRICO, FL 33595 **DOVER, FL 33527** 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3748381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SKLADANEK, PETER J DO NOT WRITE 2210 HERITAGE CREST DR VALRICO, FL 33594 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Peoistered Agent signature required when retratative) \$5.00 May 8e Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SKLADANEK, PETER J 4785 SOUTHWINDER STREET ADDRESS CITY-ST-ZIP MULBERRY, FL 33860 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ABORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-DP

12. I hereby certify that the information supplied with this filling 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 any adjusting like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ETER J. SKLADNUET NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #