

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000018223

1. Entity Name  
VALLE CONCRETE COMPANY, INC.



Principal Place of Business  
403 NORTH MAINE AVENUE  
APOPKA, FL 32712

Mailing Address  
403 NORTH MAINE AVENUE  
APOPKA, FL 32712

**FILED**  
**May 28, 2004 08:00 AM**  
**Secretary of State**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2996680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

VALLE, LUIS  
403 NORTH MAINE AVENUE  
APOPKA, FL 32712

**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**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME VALLE, LUIS  
STREET ADDRESS 403 N MAINE AVE  
CITY-STATE-ZIP APOPKA, FL 32712

TITLE SD  
NAME VALLE, MARIA  
STREET ADDRESS 403 N. MAINE AVE  
CITY-STATE-ZIP APOPKA, FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

000000161753  
05/28/04-80003-006 150.00

**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)(b), 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: Maria F. Valle MARIA VALLE, DIRECTOR 4/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #