

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90071 005 ***158.75

DOCUMENT # P04000172826

1. Entity Name

VALMAR MASONRY COMPANY



Principal Place of Business

**4648 ALRIX DRIVE
ORLANDO FL 32839**

Mailing Address

**4648 ALRIX DRIVE
ORLANDO FL 32839**

2. Principal Place of Business

3. Mailing Address

708 S. Alder Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

Country

Zip

Country

32807

USA

4. FEI Number

20-1979284

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**TORRES, VALDOINIO
4648 ALRIX DRIVE
ORLANDO FL 32839**

(address change only)

7. Name and Address of New Registered Agent

Name

VALDOINIO TORRES

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

708 S. Alder Ave.

City

Orlando

FL

Zip Code

32807

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)

VALDOINIO TORRES

2.6.06

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TORRES, VALDOINIO**
STREET ADDRESS **4648 ALRIX DRIVE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **S** ☐ Delete
NAME **COLL, MARTA**
STREET ADDRESS **4648 ALRIX DRIVE**
CITY-ST-ZIP **ORLANDO FL 32839**

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 **708 S. Alder Ave.**
CITY-ST-ZIP **Orlando FL 32807**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **708 S. Alder Ave.**
CITY-ST-ZIP **Orlando, FL, 32807**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.06.06 (407) 209-7888(c)