2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000005799

1. Entity Name VALLEY ROAD CO.

Principal Place of Business

Mailing Address

201 BRIDLE PATH LONGWOOD, FL 32779

201 BRIDLE PATH LONGWOOD, FL 32779

FILED Apr 21, 2008 08:00 A Secretary of State



04112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-4118648

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

RUBENSTEIN, NORMAN 201 BRIDLE PATH LONGWOOD, FL 32779

> PEARCE, MICHAEL C 1200 STOCKFORD RD

CHADDS FORD, PA 19317

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	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
				· · · · · · · · · · · · · · · · · · ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			000000909443 05/06/08-80071-006 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBENSTEIN, NORMAN PO BOX 1383 WINTER PARK, FL 32790				
TITLE	VP				

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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 empewered 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

NAME

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

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4-12-08

Daytime Phone #