2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 05, 2005 08:00 AM Secretary of State DOCUMENT # P40910 1. Entity Name TNG VALRICO CORP. Principal Place of Business Mailing Address C/O THE NAVESINK GROUP ONE INDEPENDENCE PLAZA MIDDLETOWN NJ 07701 C/D THE NAVESINK GROUP ONE INDEPENDENCE PLAZA MIDDLETOWN NJ 07701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 22-3192111 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOLEY, PAUL Street Address (P.O. Box Number is Not Acceptable) C/O RETAIL ASST MANAGEMENT INC 1350 DOUGLAS DR CLEARWATER FL 33756 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCD Delete TITLE THEE ☐ Change ☐ Addition NAME DUFFY, JAMES O., JR. U00000251936 03/05/05-80008-002 150.00 STREET ADDRESS 280 HIGHWAY 35 STREET ADDRESS MIDDLETOWN NJ CITY-ST-ZIP CITY-ST-ZIP ST TITLE Delete THE ☐ Change Addition DEVINE, DONALD J. NAME NAME STREET ADDRESS 280 HIGHWAY 35 STREET ADDRESS CITY-ST-ZIP MIDDLETOWN NJ CHY-ST-ZIP ☐ Change HILE Delete TOTALE Addition NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP THILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete BOLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TULE ☐ Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI- ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

21 7 05 7 3 2 842 05 5 9

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER CHORRECTOR

Daytme Phone #

FILED