


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P40910 1. Entity Name TNG VALRICO CORP.	
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Principal Place of Business
C/O THE NAVESINK GROUP
ONE INDEPENDENCE PLAZA
MIDDLETOWN, NJ 07701 US

Mailing Address
C/O THE NAVESINK GROUP
ONE INDEPENDENCE PLAZA
MIDDLETOWN, NJ 07701 US



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3192111	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COOLEY, PAUL
C/O RETAIL ASST MANAGEMENT INC
1350 DOUGLAS DR
CLEARWATER, FL 33756

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000592646
01/19/07-80071-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DUFFY, JAMES O., JR. 280 HIGHWAY 35 MIDDLETOWN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEVINE, DONALD J. 280 HIGHWAY 35 MIDDLETOWN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: James O. Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 732-842-0559
Date Daytime Phone #