

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000003864

1. Entity Name
VALDEZ, INC.



Principal Place of Business
22286 VICK STREET
PORT CHARLOTTE, FL 33980

Mailing Address
22286 VICK STREET
PORT CHARLOTTE, FL 33980

FILED

05 MAY -2 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0369975

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FEHR, JEFFREY
22286 VICK STREET
PORT CHARLOTTE, FL 33980

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEHR, JEFFREY
STREET ADDRESS	22286 VICK ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	
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	

JB516

U00000327132
04/22/05-80048-035 150.00

DO NOT WRITE
IN THIS SPACE

200052113602
04/26/05--01047--019 **150.00

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY FEHR 4/26/05 941-629-7726

Date

Daytime Phone #