2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State
03-06-2006 90021 010 ***150.00

DOCUMENT # P93000044281

1. Entity Name
VALLEY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
86 DOUG CASSIDAY ROAD PONCE DE LEON, FL 32455	86 DOUG CASSIDAY ROAD PONCE DE LEON, FL 32455

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3203335 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCULLERS JR, JIMMY C 1892 RISLEY HILL RD PONCE DE LEON, FL 32455	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ 2-24-06
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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCULLERS, JIMMY C JR.	NAME	
STREET ADDRESS	1892 PUSLEY HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON, FL 32455	CITY-ST-ZIP	
TITLE	VPD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CASSIDAY, RANDALL M	NAME	
STREET ADDRESS	RT 1 BOX 254	STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON, FL 32455	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	VPD ☐ Change ☒ Addition
NAME	GUIFFRE, LOUIS P JR.	NAME	Guiffre, Louis P. Jr.
STREET ADDRESS	1769 PUSLEY HILL ROAD	STREET ADDRESS	1769 Pusley Hill Rd
CITY-ST-ZIP	PONCE DE LEON, FL 32455	CITY-ST-ZIP	Ponce De Leon FL 32455
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #