

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90009 002 ***150.00

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1. Entity Name
VAL WARD OLDSMOBILE, INC.



Principal Place of Business
**12626 TAMiami TRAIL SOUTH
FORT MYERS, FL 33907**

Mailing Address
**12626 TAMiami TRAIL SOUTH
FORT MYERS, FL 33907**

50001349



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0426926

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GEDRA, JIM
12626 TAMiami TRAIL SOUTH
FORT MYERS, FL 33907**

**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 Jim Gedra Controller
Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when reinstating)

DATE
1-4-05

**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 NAME STREET ADDRESS CITY-ST-ZIP	P WARD, JR, VALMORE L 12626 TAMiami TRAIL S FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARD, VALMORE L JR. 13617 PINE VILLA LANE S.E. 15725 GLENISLE WAY FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDENFIELD, FRED H JR. 11640 COURT OF PALMS #103 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WARD, III, VALMORE 15430 KILBIRNIE DR. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEDRA, JIM, 2470 12740 WOODTIMBER LN. FORT MYERS, FL 33913
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 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: Valmore L Ward Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05 239-999-2212
Date Daytime Phone #