


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90012 043 ***150.00

DOCUMENT # P94000016836					
1. Entity Name VALOR MARKETING, INC.					
Principal Place of Business 2539 GARY CIRCLE, #303 DUNEDIN FL 34698			Mailing Address 2539 GARY CIRCLE, #303 DUNEDIN FL 34698		
2. Principal Place of Business			3. Mailing Address 2539 GARY CIRCLE		
Suite, Apt. #, etc.			Suite, Apt. #, etc. #303		
City & State			City & State DUNEDIN, FL.		
Zip	Country	Zip	Country	4. FEI Number 59-3227316	
34698		34698	USA	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BREWER, JOHN T 2539 GARY CIRCLE, #303 DUNEDIN FL 34698				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREWER, BEVERLY P		NAME		
STREET ADDRESS	2539 GARY CIRCLE, #303		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREWER, JOHN T		NAME		
STREET ADDRESS	2539 GARY CIRCLE, #303		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 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 <u>John T. Brewer</u> JOHN T. BREWER 4/6/04 727-736-4296					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CK#2101 Date _____ Daytime Phone # _____					

24037446



MOORE CR2E034 (11/03)