


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000029668 1. Entity Name VAL'S OF SARASOTA, INC.	
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Principal Place of Business 3701 BEE RIDGE RD SARASOTA, FL 34233	Mailing Address 3701 BEE RIDGE RD. SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0480592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MLHLBACH, ARNOLD
 3701 BEE RIDGE RD.
 SARASOTA, FL 34233

LEE REVELD, BART

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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]* DATE *4/11/2007*

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARRY, LAURENCE 3701 BEE RIDGE RD. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRY, VALERIE M. 3701 BEE RIDGE RD. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEEREVELD, BART 3701 BEE RIDGE RD. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/04/07-80060-015 150.00

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]* DATE *4/11/2007* 9412329958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR