

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029668

Entity Name: VAL'S OF SARASOTA, INC.

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

3701 BEE RIDGE RD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

3701 BEE RIDGE RD.  
SARASOTA, FL 34233

**New Mailing Address:**

3701 BEE RIDGE RD  
SARASOTA, FL 34233

FEI Number: 65-0480592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEEREVELD, BART  
3701 BEE RIDGE RD.  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PARRY, LAURENCE  
Address: 3701 BEE RIDGE RD.  
City-St-Zip: SARASOTA, FL 34233

Title: SD ( ) Delete  
Name: PARRY, VALERIE M.  
Address: 3701 BEE RIDGE RD.  
City-St-Zip: SARASOTA, FL 34233

Title: V ( ) Delete  
Name: LEEREVELD, BART  
Address: 3701 BEE RIDGE RD.  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BART LEEREVELD

VP

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date