

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000007513

1. Entity Name
VALRICO BANCORP, INC.



Principal Place of Business
**1815 E. STATE ROAD 60
VALRICO, FL 33594**

Mailing Address
**1815 E. STATE ROAD 60
VALRICO, FL 33594**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0553757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALL, JERRY L
1815 E. STATE ROAD 60
VALRICO, FL 33594**

**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

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, 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
**DP
MCLEAN, JOHN
717 N. VALRICO RD.
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BALL, JERRY L
1803 DANA COURT
BRANDON, FL 33510**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JENNINGS, CHARLES E.
US HIGHWAY 92
DOVER, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NOREIGA, JUSTO
EAST STATE ROAD 60
VALRICO, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARLTON, C. DENNIS
7414 COMMERCE ST.
RIVERVIEW, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GEE, DAVID A
6010 KESTAL POINT AVE.
LITHIA, FL 33547**

U00000251203
03/04/05-80010-022 150.00

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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)(f), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #