2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000007513

1. Entity Name
VALRICO BANCORP, INC.

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

04202006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000526650
05/04/06-80083-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	MCLEAN, JOHN
STREET ADDRESS	717 N. VALRICO RD.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VD
NAME	BALL, JERRY L
STREET ADDRESS	1803 DANA COURT
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D
NAME	JENNINGS, CHARLES E.
STREET ADDRESS	US HIGHWAY 92
CITY-ST-ZIP	DOVER, FL
TITLE	D
NAME	NOREIGA, JUSTO
STREET ADDRESS	EAST STATE ROAD 60
CITY-ST-ZIP	VALRICO, FL
TITLE	D
NAME	CARLTON, C. DENNIS
STREET ADDRESS	7414 COMMERCE ST.
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	D
NAME	GEE, DAVID A
STREET ADDRESS	6010 KESTAL POINT AVE.
CITY-ST-ZIP	LITHIA, FL 33547

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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: _____ 4-20-06 813-689-1271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #