


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90080 046 ***150.00

DOCUMENT # P96000073678 1. Entity Name VALUMARK, INC.			
Principal Place of Business 200 S INDIAN RIVER DR #301 FORT PIERCE, FL 34950		Mailing Address 200 S INDIAN RIVER DR #301 FORT PIERCE, FL 34950	
2. Principal Place of Business 201 S 2ND ST #115		3. Mailing Address P.O. Box 4382	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FT. PIERCE, FL		City & State FT. PIERCE, FL	
Zip 34950		Country USA	
4. FEI Number 65-0694908		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD, VINCENT A 200 S INDIAN RIVER DR #301 FORT PIERCE, FL 34950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 S. 2ND ST #115 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 <u><i>Vincent A. Lloyd</i></u> 2-28-2005 <small>Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, VINCENT A 200 S. INDIAN RIVER DRIVE #301 FT. PIERCE, FL 34948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 S. 2ND ST #115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Vincent A. Lloyd</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-28-2005 772 466-6120 <small>Date Daytime Phone #</small>	