

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90055 040 \*\*\*150.00

**DOCUMENT # P96000079412**

1. Entity Name  
**VALUE INVESTMENT PROPERTIES, INC.**



Principal Place of Business

**1930 BRANTLEY CIRCLE  
CLERMONT, FL 34711-2970  
600 S. MAIN AVE  
MINNEOLA, FL 34715**

Mailing Address

**1930 BRANTLEY CIRCLE  
CLERMONT, FL 34711-2970  
600 S. MAIN AVE  
MINNEOLA, FL 34715**



02032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3399750**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CERILLI, CATALDO  
1930 BRANTLEY CIRCLE 600 S. MAIN AVE  
CLERMONT, FL 34711-2970 MINNEOLA, FL 34715**

**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 reissuing)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
CERILLI, CATALDO CARL  
1930 BRANTLEY CIRCLE 600 S. MAIN AVE  
CLERMONT, FL MINNEOLA, FL 34715**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PLUMMER, FRED K  
18751 TEQUESTA TRAIL 600 S. MAIN AVE  
CLERMONT, FL 34711 MINNEOLA, FL 34715**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Cataldo Cerilli President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*66 Feb 06*  
Date

Daytime Phone #

**CATALDO CARL CERILLI**