

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000016086

1. Entity Name
VANVALKENBURG ENTERPRISES, INC.



Principal Place of Business

**4651 BABCOCK ST NE
ST 5-B
PALM BAY, FL 32905 US**

Mailing Address

**4651 BABCOCK ST NE
SUITE 5-B
PALM BAY, FL 32905 US**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3430021

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VANVALKENBURG, KAMELA
4651 BABCOCK ST. NE
SUITE 5-B
PALM BAY, FL 32905**

**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, 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
**D
VANVALKENBURG, KAMELA
195 TERKAM DR SE
PALM BAY, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
VANVALKENBERG, TERRY
195 TERKAM DR SE
PALM BAY, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000378568
01/09/06-80012-016 158.75

**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: KAMELA VANVALKENBURG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-06 321-727-8485
Date Daytime Phone #