

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P98000001455

1. Entity Name
VALUE AUTHORITIES, INC.



Principal Place of Business
**105 U.S. HIGHWAY 301 SOUTH
STE 110
TAMPA, FL 33619**

Mailing Address
**105 U.S. HIGHWAY 301 SOUTH
STE 110
TAMPA, FL 33619**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0819342

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARROW, ANDREW M
105 U.S. HIGHWAY 301 SOUTH
STE 110
TAMPA, FL 33619**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000392126

04/23/08-60053-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARROW, ANDREW M
STREET ADDRESS	105 US HWY 301 S, STE 110
CITY - ST - ZIP	TAMPA, FL 33619
TITLE	V
NAME	HARROW, SUSAN
STREET ADDRESS	105 US HWY 301 S., STE 110
CITY - ST - ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #