

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000046216

1. Entity Name

VALLOREO MASONRY CONTRACTING, INC.



**FILED
Mar 15, 2004 8:00 am
Secretary of State**

03-15-2004 90091 016 ***150.00

3406000



MOORE CR2E034 (11/03)

Principal Place of Business
1152 SEEDEEVA ST.
CLEARWATER FL 33755

Mailing Address

1152 SEEDEEVA ST.
CLEARWATER FL 33755

2. Principal Place of Business

1152 SEEDEEVA ST

Suite, Apt. #, etc.

3. Mailing Address


Valloreo Masonry
1152 Sedeeva St
Clearwater, FL 33755

City & State
CLEARWATER FL

Zip 33755 Country PINELLAS

Zip

Country

6. Name and Address of Current Registered Agent

VALLOREO, WILLIAM F
1152 SEEDEEVA ST.
CLEARWATER FL 33755

4. FEI Number 59-3581506 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name VALLOREO WILLIAM F
Street Address (P.O. Box Number is Not Acceptable)
1152 SEEDEEVA ST
City CLEARWATER Zip Code FL 33755

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

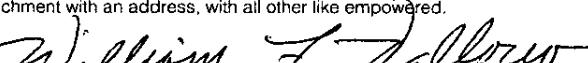
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLOREO, WILLIAM F		NAME	
STREET ADDRESS	1152 SEEDEEVA ST.		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: 

3/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #