


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-15-2004 90091 016 ***150.00

DOCUMENT # P99000046216
 1. Entity Name
VALLOREO MASONRY CONTRACTING, INC.




Principal Place of Business: 1152 SEEDEVA ST. CLEARWATER FL 33755
 Mailing Address: 1152 SEEDEVA ST. CLEARWATER FL 33755

34062000



MOORE CR2E034 (11/03)

2. Principal Place of Business: 1152 SEEDEVA 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:

4. FEI Number: 59-3581506 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALLOREO, WILLIAM F
 1152 SEEDEVA ST.
 CLEARWATER FL 33755

7. Name and Address of New Registered Agent
 Name: **VALLOREO WILLIAM F**
 Street Address (P.O. Box Number is Not Acceptable): **1152 SEEDEVA ST**
 City: **CLEARWATER** FL Zip Code: **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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------------|---------------------------------|
| TITLE: D | <input type="checkbox"/> Delete |
| NAME: VALLOREO, WILLIAM F | |
| STREET ADDRESS: 1152 SEEDEVA ST. | |
| CITY-ST-ZIP: CLEARWATER FL 33755 | |
| TITLE: | <input type="checkbox"/> Delete |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| 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: *William F Valloreo* 3/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #