2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000073397

1. Entity Name
VALENCIA CARPENTRY CONTRACTORS, INC.

Principal Place of Business	Mailing Address
2327 MERRILY CIRCLE SOUTH SEFFNER, FL 33584	2327 MERRILY CIRCLE SOUTH SEFFNER, FL 33584

DO NOT WRITE IN THIS SPACE

02022007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3588595	Not Applicable

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

6. Name and Address of Current Registered Agent

VALENICA, LOU B
2327 MERRILY CIRCLE SOUTH
SEFFNER, FL 33584

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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, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	VALENCIA, LOU B
STREET ADDRESS	2327 MERRILY CIRCLE SOUTH
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80068-018 150.00

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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: _____ / PRESIDENT   FEB 13 2007   813-681-7561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #