

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000041082

**Entity Name:** VALKYRIE MARKETING & MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

4521 EXECUTIVE DRIVE  
SUITE 101  
NAPLES, FL 34119

**Current Mailing Address:**

P.O. BOX 110429  
NAPLES, FL 34108 US

**FEI Number:** 46-2723668

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WICKLUND, KATHLEEN A  
4521 EXECUTIVE DRIVE  
SUITE 101  
NAPLES, FL 34119 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, T  
Name WICKLUND, KATHLEEN A  
Address PO BOX 110429  
City-State-Zip: NAPLES FL 34108

Title S, D  
Name WICKLUND, KATHLEEN A  
Address PO BOX 110429  
City-State-Zip: NAPLES FL 34108

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN WICKLUND

**PRESIDENT**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date