


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 02, 2008 08:00 AM  
Secretary of State

|  |   |
|--|---|
| <b>DOCUMENT # F04000003188</b><br>1. Entity Name<br>PEDAL VALVES, INC. |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>13625 RIVER ROAD<br>LULING, LA 70070 | Mailing Address<br>PO BOX 1045<br>LULING, LA 70070 |
|---|--|

**DO NOT WRITE IN THIS SPACE**



|   |                                |                 |
|---|--------------------------------|-----------------|
| 04292008  | No Chg-P                       | CR2E034 (11/05) |
| 4. FEI Number<br>72-1249237                               | Applied For<br>Not Applicable  |                 |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |                 |

6. Name and Address of Current Registered Agent

WHITESIDE, JUDY  
1161 WOODLAND TERRACE TRAIL  
ALTAMONTE SPRINGS, FL 32714

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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 date 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**

U00000942202  
05/29/08-80009-023 150.00

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CP<br>GILBERT, ROBERT V SR<br>221 ALBANIA<br>LULING, LA 70070 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 filers empowered.

SIGNATURE: Robert V Gilbert 4-29-08 985-785-9997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #