2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073105

Entity Name: VARIETY SERVICES FINANCIAL GROUP INC

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2799 VINTAGE VIEW LOOP 3689 COVINGTON LANE LAKELAND, FL 33812 LAKELAND, FL 33810

Current Mailing Address: New Mailing Address:

2799 VINTAGE VIEW LOOP3689 COVINGTON LANELAKELAND, FL 33812LAKELAND, FL 33810

FEI Number: 26-0433567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHUCH, PENNI R
2799 VINTAGE VIEW LOOP
LAKELAND, FL 33812 US
SCHUCH, PENNI R
3689 COVINGTON LANE
LAKELAND, FL 33810 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: PENNI SCHUCH 01/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCHUCH, PENNI SCHUCH, PENNI Name: Name: 2799 VINTAGE VIEW LOOP 3689 COVINGTON LANE Address: Address: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33812 City-St-Zip:

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 SCHUCH, BRIAN
 Name:
 SCHUCH, BRIAN

 Address:
 2799 VINTAGE VIEW LOOP
 Address:
 3689 COVINGTON LANE

 City-St-Zip:
 LAKELAND, FL 33812
 City-St-Zip:
 LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PENNI R SCHUCH P 01/28/2009