

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 255517

FILED
Mar 25, 2009
Secretary of State

Entity Name: VOLUSIA PENNYSAVER, INC.

Current Principal Place of Business:

901 SIXTH STREET
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2831
DAYTONA BEACH, FL 321202831 US

New Mailing Address:

FEI Number: 59-2092636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DAT () Delete
Name: TRUILO, ROBERT
Address: 901 6TH ST
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DVCF () Delete
Name: KENDALL, DAVID R
Address: 901 6TH STREET
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DCPA () Delete
Name: KANEY, GEORGIA M.,
Address: 901 6TH ST
City-St-Zip: DAYTONA BCH, FL 32117

Title: SD () Delete
Name: KANEY, JONATHAN D., JR.
Address: 901 6TH ST.
City-St-Zip: DAYTONA BCH., FL 32117

Title: DATC () Delete
Name: DAVIDSON, MARC L.,
Address: 901 6TH ST.
City-St-Zip: DAYTONA BCH., FL 32117

Title: ASD () Delete
Name: DAVIDSON TRUILO, JULIA
Address: 901 6TH ST
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JONATHAN D. KANEY JR.

S

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date