

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000377

FILED
Apr 22, 2009
Secretary of State

Entity Name: VALLEY SERVICES OF MISSISSIPPI, INC.

Current Principal Place of Business:

4400 MAGNUM DRIVE
JACKSON, MS 39208

New Principal Place of Business:

Current Mailing Address:

PO BOX 5454
JACKSON, MS 39288

New Mailing Address:

FEI Number: 64-0932878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: WALT, JAMES
Address: P.O. BOX 5454
City-St-Zip: JACKSON, MS 39288

Title: S () Delete
Name: SHOEMAKER, GREG
Address: PO BOX 5454 N/A
City-St-Zip: JACKSON, MS

Title: D () Delete
Name: HOGG, WT
Address: PO BOX 5454 N/A
City-St-Zip: JACKSON, MS 39288

Title: T () Delete
Name: USHER, MICHAEL
Address: PO BOX 5454
City-St-Zip: PEARL, MS 39288

Title: D () Delete
Name: ADAMS, LEM
Address: PO BOX 5454
City-St-Zip: JACKSON, MS 39288

Title: D () Delete
Name: SANDERS, STEVE
Address: PO BOX 5454
City-St-Zip: JACKSON, MS 39288

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: ALICE SWINDLE

DIR

04/22/2009

Electronic Signature of Signing Officer or Director

Date