

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004641

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: PFS FINANCIAL SERVICES CORP.

## Current Principal Place of Business:

181 SECURITY PLACE  
SPARTANBURG, SC 29307

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 811  
SPARTANBURG, SC 29304

## New Mailing Address:

FEI Number: 57-1006700

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: D ( ) Delete  
Name: BRIDGES, SUSAN A  
Address: 181 SECURITY PLACE  
City-St-Zip: SPARTANBURG, SC 29307

Title: D ( ) Delete  
Name: BIGGS, A. RAY  
Address: 181 SECURITY PLACE  
City-St-Zip: SPARTANBURG, SC 29307

Title: P ( ) Delete  
Name: EDWARDS, CLARENCE H  
Address: 181 SECURITY PLACE  
City-St-Zip: SPARTANBURG, SC 29307

Title: VP (X) Delete  
Name: STALLINGS, BILLY  
Address: 5 REGANA COURT  
City-St-Zip: COLUMBIA, SC 29212

Title: S ( ) Delete  
Name: WALSH, MARSHALL T  
Address: 181 SECURITY PLACE  
City-St-Zip: SPARTANBURG, SC 29307

Title: T ( ) Delete  
Name: WILLIAMS, A.G.  
Address: 181 SECURITY PLACE  
City-St-Zip: SPARTANBURG, SC 29307

## 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  
Name:  
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 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: MARSHALL T WALSH

S

04/11/2006

Electronic Signature of Signing Officer or Director

Date