

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000021383

1. Entity Name  
VALUECLUB, INC.



Principal Place of Business  
704 W. HWY. 90  
BONIFAY, FL 32425

Mailing Address  
PO BOX 965  
BONIFAY, FL 32425

2. Principal Place of Business 1154 TEN LAKE DRIVE	3. Mailing Address 1154 TEN LAKE DRIVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State DEFUNIAK SPRINGS, FLORIDA	City & State DEFUNIAK SPRINGS, FLORIDA		
Zip 32433-4528	Country USA	Zip 32433-4528	Country USA

04-27-2006 90206 009 \*\*\*150.00

**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**



04242006 Chg-P CR2E034 (11/05)

4. FEI Number  
27-0003928

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SWARTZ, MICHAEL  
704 W. HWY. 90  
BONIFAY, FL 32425

**7. Name and Address of New Registered Agent**

Name ROBERT E. KINCKINER

Street Address (P.O. Box Number is Not Acceptable)

1154 TEN LAKE DRIVE

City DEFUNIAK SPRINGS FL Zip Code 32433-4528

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINCKINER, ROBERT E 704 W. HWY. 90 BONIFAY, FL 32425	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KINCKINER, ROBERT E. 1154 TEN LAKE DRIVE DEFUNIAK SPRINGS, FLORIDA 32433-4528	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWARTZ, MICHAEL 704 W. HWY. 90 BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 850-839-9988  
Date Daytime Phone #