


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000114601 1. Entity Name VSC INVESTMENTS, INC.	
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Principal Place of Business 5985 SOUTH RIVER CIRCLE MACLENNY, FL 32063	Mailing Address P. O. BOX 356 5985 SOUTH RIVER CIRCLE MACLENNY, FL 32063
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FCI Number 01-0800429	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CRAWFORD, CLAUDETTE 5985 SOUTH RIVER CIRCLE P. O. BOX 356 MACLENNY, FL 32063
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**DO NOT WRITE IN THIS SPACE**

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 the filer's name. (NOTE: Registered Agent's signature required when changing office.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CRAWFORD, CLAUDETTE 5985 SOUTH RIVER CIRCLE - P. O. BOX 356 MACLENNY, FL 32063
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02/24/05-80036-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, will an officer like empowered.

SIGNATURE: *Hugh B. Rhoden, Secretary* 14 Jan 05 (904) 259-3343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR