


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90033 018 ***150.00

DOCUMENT # P03000114601					
1. Entity Name VSC INVESTMENTS, INC.					
Principal Place of Business 5985 SOUTH RIVER CIRCLE MACLENNY, FL 32063			Mailing Address P. O. BOX 356 5985 SOUTH RIVER CIRCLE MACLENNY, FL 32063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0800429	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CRAWFORD, CLAUDETTE 5985 SOUTH RIVER CIRCLE P. O. BOX 356 MACLENNY, FL 32063				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE P	NAME CRAWFORD, CLAUDETTE <input type="checkbox"/> Delete				
STREET ADDRESS 5985 SOUTH RIVER CIRCLE - P. O. BOX 356	CITY-ST-ZIP MACLENNY, FL 32063				
TITLE S	NAME RHODEN, HUGH B <input type="checkbox"/> Delete				
STREET ADDRESS P. O. BOX 356	CITY-ST-ZIP MACLENNY, FL 32063				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE VP	NAME RHODEN, HUGH B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
STREET ADDRESS P. O. BOX 356	CITY-ST-ZIP MACLENNY, FL 32063				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP 				
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: <i>Claudette Crawford</i> 6 Jan 2006 904-259-3343					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					