

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90052 039 \*\*\*150.00

**DOCUMENT # P03000114601**

1. Entity Name  
VSC INVESTMENTS, INC.



Principal Place of Business  
5985 SOUTH RIVER CIRCLE  
MACCLENNY, FL 32063

Mailing Address  
P. O. BOX 356  
5985 SOUTH RIVER CIRCLE  
MACCLENNY, FL 32063

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number  
01-0800429

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, CLAUDETTE  
5985 SOUTH RIVER CIRCLE  
P. O. BOX 356  
MACCLENNY, FL 32063

Name

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

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 VPS ☐ Delete  
NAME CRAWFORD, CLAUDETTE  
STREET ADDRESS 5985 SOUTH RIVER CIRCLE - P. O. BOX 356  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE PST ☒ Change ☐ Addition  
NAME Crawford, Claudette  
STREET ADDRESS 5985 South River Circle  
CITY-ST-ZIP Macclenny, FL 32063

TITLE S ☐ Delete  
NAME RHODEN, HUGH B  
STREET ADDRESS P. O. BOX 356  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE V ☒ Change ☐ Addition  
NAME Rhoden, Hugh Bentley  
STREET ADDRESS 6362 Laurel Court  
CITY-ST-ZIP Macclenny, FL 32063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 life empowered.

SIGNATURE: Claudette Crawford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Jan 07 904-259-3343  
Date Daytime Phone #