


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000114601</b>	
1. Entity Name VSC INVESTMENTS, INC.	

Principal Place of Business <b>5985 SOUTH RIVER CIRCLE MACLENNY, FL 32063</b>	Mailing Address <b>P. O. BOX 356 5985 SOUTH RIVER CIRCLE MACLENNY, FL 32063</b>
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>01-0800429</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CRAWFORD, CLAUDETTE 5985 SOUTH RIVER CIRCLE P. O. BOX 356 MACLENNY, FL 32063</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when recertifying) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CRAWFORD, CLAUDETTE 5985 SOUTH RIVER CIRCLE MACLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RHODEN, HUGH BENTLEY 6362 LAUREL COURT MACLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/15/08-80077-016 150.00

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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: *Claudette Crawford, Pres.* 10 Jan 08 904-259-3343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #