


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90052 001 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P94000032172 1. Entity Name VALUE FINANCIAL SERVICES, INC. | | | |  | |
| Principal Place of Business 101 SUNNYTOWN RD SUITE 310 CASSELBERRY, FL 32707 | | | Mailing Address 101 SUNNYTOWN RD SUITE 310 CASSELBERRY, FL 32707 | | |
| 2. Principal Place of Business <i>1063 Maitland Center Commons Blvd.</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Orlando, FL</i> Zip <i>32751</i> | | 3. Mailing Address <i>1063 Maitland Center Commons Blvd.</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Orlando, FL</i> Zip <i>32751</i> | | 01162006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 65-0503587 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent WHITCOMB, WILTON 101 SUNNYTOWN ROAD SUITE 310 CASSELBERRY, FL 32707 | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | 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 reinstating) DATE _____ | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD THEDFORD, JOHN D 101 SUNNYTOWN RD, SUITE 310 CASSELBERRY, FL 32707 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Address only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1063 Maitland Center Commons Blvd.</i> <i>Orlando, FL 32751</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST WHITCOMB, WILTON 101 SUNNYTOWN ROAD STE 310 CASSELBERRY, FL 32707 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Address only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1063 Maitland Center Commons Blvd.</i> <i>Orlando FL 32751</i> | |
| 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 | |
| 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: <i>1-17-06</i> Daytime Phone # | | |

ATTACHMENT

60008650



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

ANNUAL REPORT NOTICE

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VALUE FINANCIAL SERVICES, INC.

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327 N1 1 B05 C 24 12/18/05
NOTIFY SENDER OF NEW ADDRESS
:VALUE FINANCIAL SERVICES INC
1063 MAITLAND CMN BLVD STE 200
MAITLAND FL 32751-7436

BC: 32751743650 *1974-02077-18-27

|||||

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **P94000032172**

VALUE FINANCIAL SERVICES, INC.
101 SUNNYTOWN RD
SUITE 310
CASSELBERRY FL 32707-3862

