2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079228

Entity Name: VOSS INVESTMENTS, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 6437 P.O. BOX 6455

FERNANDINA BEACH, FL 32035 FERNANDINA BEACH, FL 32035

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 6437 POST OFFICE BOX 6455

FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034

FEI Number: 59-3475796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VOSS, CINDY P.O. BOX 6437 VOSS, CINDY P.O. BOX 6455

FERNANDINA BEACH, FL 32035 US FERNANDINA BEACH, FL 32035 US

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.

SIGNATURE: 04/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

 Name:
 VOSS, CINDY
 Name:
 VOSS, CINDY

 Address:
 P.O. BOX 6437
 Address:
 P.O. BOX 6455

City-St-Zip: FERNANDINA BEACH, FL 32035 City-St-Zip: FERNANDINA BEACH, FL 32035

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 VOSS, FREDERICK
 Name:
 VOSS, FREDERICK

 Address:
 P.O. BOX 6437
 Address:
 P.O. BOX 6455

City-St-Zip: FERNANDINA BEACH, FL 32035 City-St-Zip: FERNANDINA BEACH, FL 32035

Title: VS (X) Delete Title: () Change () Addition

 Name:
 OGILVIE, LARRY
 Name:

 Address:
 1896 CLINCH DR
 Address:

 City-St-Zip:
 FERNANDINA BEACH, FL 33034
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY VOSS PTD 04/20/2005