FILED
Apr 16, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V71950

1. Entity Name
VALUE TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
6915 E BROADWAY TAMPA, FL 33619	6915 E BROADWAY TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3150509
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, CLIFTON G
3009 AVALON TERRACE DR
VALRICO, FL 33594

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000116432
04/16/04-80065-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOWLER, CLIFTON
STREET ADDRESS	3009 AVALON TERRACE DRIVE
CITY-ST-ZIP	VALRICO, FL
TITLE	S
NAME	ROWELL, RONDA
STREET ADDRESS	5813 APRIL LANE
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Pres. 4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #