

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2005 08:00 AM

Secretary of State

DOCUMENT # V71950

1. Entity Name  
VALUE TRANSPORTATION SERVICES, INC.



Principal Place of Business  
6915 E BROADWAY  
TAMPA, FL 33619

Mailing Address  
6915 E BROADWAY  
TAMPA, FL 33619



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE  
IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

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 5613 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR# 21917  
2/28/05

150.00  
5.00  
8.75

Pross  
CLIFTON G. FOWLER 2/28/05 813-621-4999