May.17. 2004 4:30PM MICHELLE S WORLEY CPA 4076567915

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May 28, 2004 8:00 am
Secretary of State

05-28-2004 90003 003 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023639

1. Entity Name
BEST VENDING, INC.

54055795

Principal Place of Business	Mailing Address
2702 GABLES DR EUSTIS, FL 32726	2702 GABLES DR EUSTIS, FL 32726

05172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4400 S. Hwy 19A	4400 S. Hwy 19A
Suite, Apt. #, etc. Suite #8	Suite, Apt. #, etc. Suite 8
City & State Mt. Dora, FL	City & State Mt. Dora, FL
Zip 32757 Country Lake	Zip 32757 Country Lake

4. FEI Number 75-3104939 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JORDAN, EDWARD P II
1160 E HWY 50
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	D FREINER, WILLIAM M 2702 GABLES DR EUSTIS, FL 32726	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tracy Freiner 2702 Gables Dr Eustis, FL 32726	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Tracy Freiner Tracy Freiner 5-20-04 (352)636-5190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #