


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000124979  
 1. Entity Name  
 BARROTT VENDING SERVICES, CORP.



Principal Place of Business: 6025 MARGIE COURT, ORLANDO, FL 32807  
 Mailing Address: 6025 MARGIE COURT, ORLANDO, FL 32807

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number: 01-0801699  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 BARROTT, ALFREDO O  
 6025 MARGIE COURT  
 ORLANDO, FL 32807

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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

U00000030607  
 02/04/04-80117-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BARROTT, ALFREDO O
STREET ADDRESS	6025 MARGIE COURT
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	S
NAME	CAMPBELL, DRACHEKA O
STREET ADDRESS	6025 MARGIE COURT
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Dracheka D. Campbell* Secretary  
 \_\_\_\_\_ Date: *1-30-04* Daytime Phone #: *407-310-5314*