



Feb 13,
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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 244266 1. Entity Name H & H VENDING COMPANY, INC.			
Principal Place of Business 974 S NOVA RD. (ORMOND BCH, FL 32074) P.O. BOX 291430 PORT ORANGE, FL 32129		Mailing Address P.O. BOX 291430 PORT ORANGE, FL 32129 US	
DO NOT WRITE IN THIS SPACE			
		02042006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0932193	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STATON, HENRY 2377 TOMOKA FARMS ROAD PORT ORANGE, FL 32128		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 <u><i>Henry Staton</i></u> <u>HENRY STATON PRES</u> <u>2/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<p>0000000429494 02/22/06-80010-006 150.00</p> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO STATON, HENRY 2377 TOMOKA FARMS ROAD PORT ORANGE, FL 32128		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STATON, EILEEN M. 2377 TOMOKA FARMS ROAD PORT ORANGE, FL 32128		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Henry Staton</i></u> <u>HENRY STATON</u> <u>2/8/06</u> <u>386 252-1330</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone if</small>			