## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 244266 1. Entity Name

FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

974 S NOVA RD. (ORMOND BCH, FL 32074)

H & H VENDING COMPANY, INC.

P.O. BOX 291430 PORT ORANGE, FL 32129 P.O. BOX 291430 PORT ORANGE, FL 32129 US

TORI ORNING, FE 32125				<u> </u>				
DO NOT WRITE IN THIS SPACE				01262007 4. FEI Numb 59-093	No Chg-P	C MISH MISH BS1	Applied For Not Applicable  \$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 policycles of policycles of policycles.								
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 NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS				L			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	·			U00001 03/09/07	)65166 -90016	4 -017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	DO	NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE		
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:

TITLE NAME STREET ADDRESS

100110 A

2/27/07 386 252 1330