

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90035 012 ***150.00

DOCUMENT # 388179

1. Entity Name
VENDS, INC.



Principal Place of Business
400 NORTH TAMPA STREET, SUITE 1700
TAMPA, FL 33602 US

Mailing Address
400 N. TAMPA STREET
SUITE 1700
TAMPA, FL 33602

40004110



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1365258

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, HAROLD, JR W ESQ.
101 E. KENNEDY BLVD.
STE. 2700
TAMPA, FL 33602

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCT5
JOHNSON, KIMBERLY
4514 FERNICROFT CIRCLE
TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCEO
ALVO, ODDIS
2540 MINTON DR
MOON TOWNSHIP, PA 15108

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~D~~
~~SOTIR, MARK~~
~~400 N TAMPA ST~~
~~TAMPA, FL 33602~~

Resigned

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BELKNAP, JOHN
400 N TAMPA ST
TAMPA, FL 33602

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/1/08 813-213-5366