


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90012 001 ***300.00

DOCUMENT # F01000005206	
1. Entity Name ALL SEASONS VENDING, INC.	

Principal Place of Business 1265 BELMONT ST. SUITE 2 BROCKTON, MA 02301-4435	Mailing Address 1265 BELMONT ST. SUITE 2 BROCKTON, MA 02301-4435
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

66423266



05042004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEOS	<input checked="" type="checkbox"/> Delete		TITLE	CEO / CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLADNEY, JAMES S			NAME	JAMES O'CONNOR		
STREET ADDRESS	1265 BELMONT ST.			STREET ADDRESS	1265 BELMONT ST. SUITE TWO		
CITY-ST-ZIP	BROCKTON, MA 023014435			CITY-ST-ZIP	BROCKTON, MA 02301		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNO, MARK A			NAME			
STREET ADDRESS	1265 BELMONT ST.			STREET ADDRESS			
CITY-ST-ZIP	BROCKTON, MA 023014435			CITY-ST-ZIP			
TITLE	CFOT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPEO, WILLIAM G			NAME			
STREET ADDRESS	1265 BELMONT ST.			STREET ADDRESS			
CITY-ST-ZIP	BROCKTON, MA 023014435			CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUSLOW, JAMES D L			NAME			
STREET ADDRESS	1265 BELMONT ST.			STREET ADDRESS			
CITY-ST-ZIP	BROCKTON, MA 023014435			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLADNEY, JAMES S			NAME	MICHAEL NUGENT		
STREET ADDRESS	1265 BELMONT ST.			STREET ADDRESS	1265 BELMONT ST. SUITE TWO		
CITY-ST-ZIP	BROCKTON, MA 023014435			CITY-ST-ZIP	BROCKTON, MA 02301		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNO, MARKA			NAME			
STREET ADDRESS	1265 BELMONT STREET			STREET ADDRESS			
CITY-ST-ZIP	BROCKTON, MA 02301			CITY-ST-ZIP			

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:

James L. Truslow
Secretary

5/11/04
Date

(508) 559-9000 ext 106
Daytime Phone #