2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005300

Address:

City-St-Zip:

P.O. BOX 517

GAFFNEY, SC 29342

Entity Name: J.M. BROWN VENDING COMPAN, INC

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 144 MATTHEWS ROAD 144 MATTHEW ROAD GAFFNEY, SC 29341 GAFFNEY, SC 29341 **Current Mailing Address: New Mailing Address:** P.O. BOX 517 GAFFNEY, SC 293420517 FEI Number: 57-0533377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GOODENOUGH, DOUG A Name: Name: P.O. BOX 517 Address: Address: City-St-Zip: GAFFNEY, SC 29342 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition GOODENOUGH, JR, DOUGLAS Name: Name: P.O. BOX 517 Address: Address: GAFFNEY, SC 29342 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete LEVENHAGEN, LINDA LEVENHAGEN, LINDA B Name: Name: P.O. BOX 517 P.O. BOX 517 Address: Address: City-St-Zip: GAFFNEY, SC 29342 City-St-Zip: GAFFNEY, SC 29342 Title: () Delete Title: () Change () Addition MOORE, SUSAN G Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DOUG A GOODENOUGH PRES 03/28/2008