

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007913

FILED
Mar 18, 2009
Secretary of State

Entity Name: COTT VENDING INC.

Current Principal Place of Business:

5519 W. IDLEWILD AVENUE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5519 W. IDLEWILD AVENUE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 80-0003395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: WILLIS, BRENT D
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: SEC () Delete
Name: KANE, MATHEW A JR
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: TRES () Delete
Name: BRENNAN, CATHERINE
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: GONZALEZ, ABILIO
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: DIR () Delete
Name: FIGUEROO, JUAN
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: DIR () Delete
Name: WILLIS, BRENT D
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GIBBONS, DAVID T
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TVP (X) Change () Addition
Name: BRENNAN, CATHERINE
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: DIR (X) Change () Addition
Name: GIBBONS, DAVID T
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: FOWDEN, JERRY
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

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.

SIGNATURE: MANDELIN HENDRICKS

POA

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date