

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007913

FILED
Apr 20, 2011
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:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: FOWDEN, JERRY
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: VP
Name: CREAMER, MICHEAL
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: DIR
Name: CRAVENS, NEAL
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: SEC
Name: POE, MARNI
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: TREA
Name: ZIMMERMAN, MICHEAL
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: VP
Name: REIS, WILLIAM
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: MARNI POE

SEC

04/20/2011

Electronic Signature of Signing Officer or Director

Date